

L99000008141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

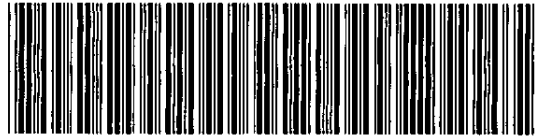
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

FEB - 9 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Live Oak Orchids, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brenda Pocerobba

(Name of Person)

Live Oak Orchids, L.L.C.

(Firm/Company)

8910 Quail Run Drive

(Address)

Zephyrhills FL 33544

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda Pocerobba

(Name of Person)

at (813) 994-0710

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Live Oak Orchids, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/18/1999 and assigned
Florida document number 199000008141.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5329 VILLAGE MARKET

WESLEY CHAPEL FL 33543

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Brenda Pocarobba

New Registered Office Address:

8910 Onail Run Drive

(Enter Florida street address)

Zenhrhills

(City)

FL 33544

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Brenda Pocarobba
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Brenda Pocorobba	8910 Quail Hollow Drive Zephyrhills FL 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Anthony Pocorobba	8910 Quail Hollow Drive Zephyrhills FL 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Toni Brewer	25346 Geddy Dr LAND O LAKES, FL 34629	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cynthia Caron	515 Somer Stone Dr Valrico FL 33594	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cynthia Caron	515 Somer Stone Dr Valrico FL 33594	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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SECRETARY
STATE
TREASURY
FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 4, 2009

Cynthia Caron
Signature of a member or authorized representative of a member
Cynthia Caron
Typed or printed name of signer