

FEB 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2018

ROBERT PATTERSON
615 LARKSPUR AVENUE
CORONA DEL MAR, CA 92625

SUBJECT: PATTERSON LLC
Ref. Number: M03000000951

We have received your document for PATTERSON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 918A00002866

2/20/2018
COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patterson LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Patterson

Name of Person

Patterson LLC

Firm/Company

615 Larkspur Avenue

Address

Corona del Mar, CA 92625

City/State and Zip Code

cdmrom@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Patterson

949

735-3042

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

Previously sent.

CR2E055 (9/15)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

Patterson LLC

State: _____

Enter new principal office address, if applicable: _____

615 Larkspur Avenue

Corona del Mar, CA 92625

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

615 Larkspur Avenue

Corona del Mar, CA 92625

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

M03000000951

3. Jurisdiction of its organization: California

4. Date authorized to do business in Florida: March 25, 2003

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

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

Registered Agents Inc.

Name of New Registered Agent:

3030 N. Rocky Point Dr., STE 150A

New Registered Office Address:

Enter Florida Street Address

Tampa

Florida

33607

City

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 605, 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.

Bill Hume

If Changing Registered Agent, Signature of New Registered Agent

FILED
18 FEB 26 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Robert Patterson	615 Larkspur Avenue	<input checked="" type="checkbox"/> Add
		Corona del Mar, CA 92625	<input type="checkbox"/> Remove
MGR	David L Patterson	3575 Luring Lane	<input type="checkbox"/> Add
		Bishop, CA 93514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Robert Patterson
Signature of the authorized representative

Robert Patterson

Typed or printed name of signer

Filing Fee: \$25.00