

LO7000127619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
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02/17/17--01023--008 \*\*350.00

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17 MAY 19 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

MAY 22 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2017

PATRICK L. DUFFY  
501 GRAND CONCOURSE  
MIAMI SHORES, FL 33138

SUBJECT: 11925 NE 2 AVENUE B-117, LLC  
Ref. Number: L07000127619

We have received your document for 11925 NE 2 AVENUE B-117, LLC and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

CURRENT RA IS PATRICK DUFFY, NOT THE DUFFY FAMILY, L.P. SINCE THAT IS A CHANGE IT REQUIRES A SIGNATURE OF THE NEW RA

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: 417A00007361



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2017

PATRICK L. DUFFY  
501 GRAND CONCOURSE  
MIAMI SHORES, FL 33138

SUBJECT: 11925 NE 2 AVENUE B-117, LLC  
Ref. Number: L07000127619

We have received your document for 11925 NE 2 AVENUE B-117, LLC and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - 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: 217A00003364

**Patrick L. Duffy**  
**501 Grand Concourse**  
**Miami Shores, FL 33138**  
**305-904-4803**  
**patduffy@usa.net**

April 10, 2017

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

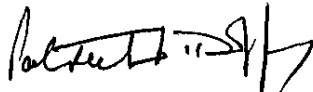
Change Address for Registered Agent: Correction of Prior Request

On February 13, 2017, I inadvertently requested a change of address of Registered Agent for 10 Florida LLCs on the wrong form. As you will see from copy of your response dated February 21, I used forms for a Corporation instead of for LLC. With that incorrect request, I submitted check #1968 in the amount of \$350.00 based on 10 filings at \$35.00 each. Those funds were deposited into Dept. of State account on February 21 (see copy of cleared check attached).

I am now enclosing request for change of address of Registered Agent for the same 10 LLCs on the correct forms. I noted that the filing fee is \$25.00 each for LLCs so in that case, when my credit of \$350.00 is applied, I would be due a refund of \$100.00.

Please advise if there is anything else that I need to send you to complete this request. Thank you in advance.

Sincerely,



Patrick L. Duffy

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 11925 NE 2 AVENUE B-117, LLC  
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:

PATRICK L. DUFFY  
Name of Person

\_\_\_\_\_  
Firm/Company

501 GRAND CONCOURSE  
Address

MIAMI SHORES, FL 33138  
City/State and Zip Code

PATDUFFY@USA.NET  
E-mail address: (to be used for future annual report notification)

RECEIVED  
TALLAHASSEE, FLORIDA

2017 MAY 22 PM 4:16

For further information concerning this matter, please call:

PATRICK L. DUFFY at (305) 904-4803  
Name of Person 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

SW

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

11925 NE 2 AVENUE B-117, LLC  
(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 1/11/08 and assigned Florida document number L07000127619

This amendment is submitted to amend the following: SEE PAGE 3 OF 3

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

N/A  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A  
**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

**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: N/A

New Registered Office Address: N/A  
*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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.*

If Changing Registered Agent, Signature of New Registered Agent

FILED  
MAY 19 5:00  
CLERK OF STATE  
TALLAHASSEE  
FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Change

17 MAY 19 5 00 PM '00  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

PLEASE CHANGE THE MAILING ADDRESS FOR THE MGRM AS NOTED BELOW.

NEW ADDRESS {

MGRM: THE DUFFY FAMILY LIMITED PARTNERSHIP  
8 THE GREEN, SUITE A  
DOVER, DE 19901

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

5/14/17

Signature of a member or authorized representative of a member

*Patrick L. Duffy*

PATRICK L. DUFFY, MANAGING MEMBER

Typed or printed name of signee

FILED  
17 MAY 19 PM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA