

W9000021297

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

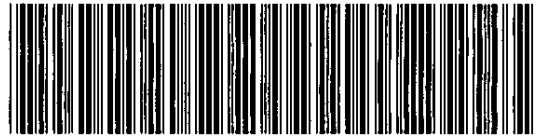
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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 24 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2009

SHARON ROBERTS
54 NE 4TH AVENUE
DELRAY BEACH, FL 33483

SUBJECT: SHARON B. ROBERTS, LLC
Ref. Number: L09000021297

We have received your document for SHARON B. ROBERTS, LLC and check(s) totaling \$35.00. However, the enclosed document has not been and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 209A00020936

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sharon B. Roberts, LLC
Name of Limited Liability Company

*Attention:
Tammi
Cline*

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

Please return all correspondence concerning this matter to the following:

Sharon Roberts

Name of Person

Sharon B. Roberts, LLC

Firm/Company

54 NE 4th Avenue

Address

Delray Beach, FL 33483

City/State and Zip Code

sroberts2@bellsouth.net

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Sharon Roberts

Name of Person

at (**954**)

257-9000

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

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

Sharon B. Roberts, 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 3/2/2009 and assigned Florida document number L09000021297.

This amendment is submitted to amend the following:

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

112 Coral Springs, LLC

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:

13701 SW 24th Street

(Principal office address MUST BE A STREET ADDRESS)

Davie, FL 33325

Enter new mailing address, if applicable:

13701 SW 24th Street

(Mailing address MAY BE A POST OFFICE BOX)

Davie, FL 33325

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

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 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.

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

Dated June 22, 2009



Signature of a member or authorized representative of a member

Sharon B. Roberts

Typed or printed name of signee