

LD9000096553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

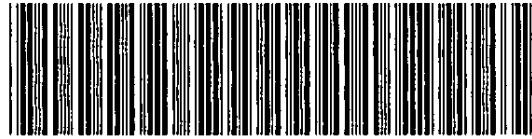
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600237812266

08/01/12--01006--002 **30.00

FILED
12 AUG 14 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG 15 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2012

JEFFREY F. CHEFAN
MANORMOR SOTHEBY'S INTERNATIONAL REALTY
5233 SAN JOSE BLVD.
JACKSONVILLE, FL 32207

SUBJECT: BEYOND LIMITS OF NORTHEAST FLORIDA, LLC
Ref. Number: L09000096553

We have received your document for BEYOND LIMITS OF NORTHEAST FLORIDA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of 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.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00020192

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BEYOND LIMITS OF NORTHEAST FLORIDA 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:

Jeffrey F. Chefan
Name of Person
Manormor Sotheby's International Realty
Firm/Company
5233 San Jose Boulevard
Address
Jacksonville, Florida 32207
City/State and Zip Code
jeffchefan@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle Washnock at (**904**) **731-9770**
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

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

FILED
12 AUG 14 AM 9: 57
CLERK OF STATE
TALLAHASSEE, FLORIDA

BEYOND LIMITS OF NORTHEAST FLORIDA 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 10/6/2009 and assigned Florida document number L09000096553.

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)

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

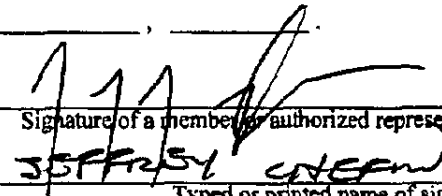
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	H. Craig Bennett	5233 San Jose Blvd. Jacksonville, Florida 32207	<input checked="" type="checkbox"/> Add <input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

X

 Signature of a member or authorized representative of a member
 Jeffrey Green
 Typed or printed name of signee

FILED
 12 AUG 14 AM 9:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

L09000096553