

L1300011594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

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(Document Number)

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2014 APR 4 P 12:55
04/04/14

B. BOSTICK
APR - 7 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUART LAND INVESTMENT, 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:

MANDY MORALES

Name of Person

STUART LAND INVESTMENT, LLC

Firm/Company

7965 LANTANA RD.

Address

LAKE WORTH, FL 33467

City/State and Zip Code

SWSMIGIEL@AOL.COM

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

For further information concerning this matter, please call:

MANDY MORALES

Name of Person

at **561 968-3605**

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

2004-07-14 10:03
10:03 AM '04

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

STUART LAND INVESTMENT, 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 08/07/2013 and assigned Florida document number L13000111594.

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)

7965 LANTANA ROAD

LAKE WORTH, FL 33467

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:

HENRY B. HANDLER

New Registered Office Address:

2255 GLADES ROAD, SUITE 218-A

Enter Florida street address

BOCA RATON

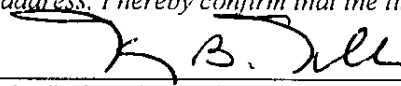
City

Florida 33431

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	GARY SMIGIEL, L.C.	P.O. BOX 540669 LAKE WORTH, FL 33454	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	THOMAS J. MECCA	P.O. BOX 540669 LAKE WORTH, FL 33454	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LORI SCHWAB	7965 LANTANA ROAD LAKE WORTH, FL 33467	<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
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

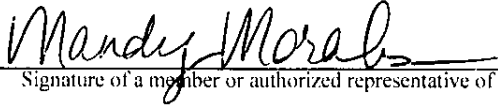
RECEIVED
 11-11-03
 11:00 AM
 11-11-03

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 26, 2014



Signature of a member or authorized representative of a member

Mandy Morales

Typed or printed name of signee

2014 MAR 26 10:55

FILED