1300/30/41

(Requestor's Name)
(Address)
•
·_ (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filling Office
Special Instructions to Filing Officer:

Office Use Only



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2018 APR 17 PH 2: 21 SECRETARY OF STATE ALLAHASSEE, FLORING

FILED

COVER LETTER

TO: Registration S Division of Co			
	NEPTUNE STREET, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub	_	
	LARRY M. SEGALL, ES	-	
		Name of Person	
	GIBBONS NEUMAN		
		Firm/Company	
	3321 Henderson Blvd.		
		Address	
	Tampa, FL 33609		
		City/State and Zip Code	
	rcohen@cohengrieb.com	to be used for future annual report notifi	(action)
For further information	concerning this matter, please or	·	cation)
Larry M. Segall		813 877-9222 at ()	
Name	of Person	at () 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

4111 W. NEPTUN	,		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	September 13, 2013	and assigned
Florida document numberL13000130141			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	ere:	
94 Oconee Court, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4203 W. Culbre	eath Avenue	2018 SEC 2018
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 336	509	AM A T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			IT MH 2: 23 SSEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		1 our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	···		
New Registered Office Address:	Enter Flo	rida street address	
 	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	- 119		Sip Come

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

IGR = Ma MBR = Au	anager uthorized Member		
itle	Name	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			☐ Remove
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			□ Remove
			Change
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		·····	Remove
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_ Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of file.	(optional)
lote: If the date inserted in this block does not meet the applicable statute ocument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed
e record specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the earlier
The 90th day after the record is filed.	
April 11 2018	
aled	_
Holet Cover	
Signature of a member or authorized repres	

Page 3 of 3

Filing Fee: \$25.00