

L14000040892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

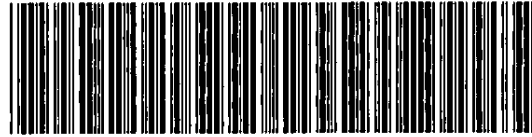
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 21 P 12:03

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D. BRUCE
APR 24 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Second Chance Estates 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:

Waldemar Valentin (Wade)
Name of Person

Second Chance Estates LLC
Firm/Company

2405 S.R. 60 East Lot # 21
Address

Barlow, FL 33830
City/State and Zip Code

Campwade@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Waldemar Wade Valentin at (863) 537-0829
Name of Person Area Code Daytime Telephone Number

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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**

Second Chance Estates 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 3/5/14 and assigned Florida document number L14000040892.

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 contain 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)

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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:

Waldemar Valentin

New Registered Office Address:

2405 State Rd 60 East Lot #21

Enter Florida street address

Bartow

City

Florida

33830

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.

Waldemar Valentin

If Changing Registered Agent, Signature of New Registered Agent

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>
President	Wade Valentin	2405 State Rd 60 East	<input type="checkbox"/> Add
		lot # 21 Bartow, FL	<input checked="" type="checkbox"/> Remove
		33830	<input type="checkbox"/> Change
President	Waldemar Valentin	2405 State Rd 60 East	<input checked="" type="checkbox"/> Add
		lot # 1 Bartow, FL	<input type="checkbox"/> Remove
		33830	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 2017 APR 21 PM 2:05
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 TALLAHASSEE, FLORIDA

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

The name Wade Valentin should be removed and replaced
with my full name Waldemar Valentin (President.)
and Registered Agent. TY.

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2017 APR 21 12 03
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TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 4-17-17 (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 4-17-17, 2017.

Wade Waldemar Valentin (Wade)
Signature of a member or authorized representative of a member

Wade Waldemar Valentin (Wade)
Typed or printed name of signee