

L14000120651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

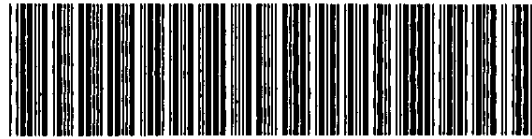
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2016 FEB 23 A 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 24 2016  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 6115 ARLINGTON EXPRESSWAY, 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:

WILLIAM B. MCMENAMY

Name of Person

DONAHOO & MCMENAMY, P.A.

Firm/Company

245 RIVERSIDE AVENUE, SUITE 450

Address

JACKSONVILLE, FLORIDA 32202

City/State and Zip Code

wmcmenamy@dmjaxlaw.com

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

For further information concerning this matter, please call:

WILLIAM B. MCMENAMY

Name of Person

904  
at ( )

Area Code

354-8080

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

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2016 FEB 23 A 9:37  
TALLAHASSEE  
FLORIDA

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

6115 ARLINGTON EXPRESSWAY, 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 JULY 31, 2014 and assigned  
Florida document number L14000120651.

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)**

**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 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 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>
AMBR	Lynn W. Stoner	13770 Pleasant Valley Drive	<input type="checkbox"/> Add
	AS TRUSTEE OF THE LYNN W. STONER LIVING TRUST DATED 06/11/96	Jacksonville, FL 32225	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Connie Chancellor Stoner	13770 Pleasant Valley Drive	<input type="checkbox"/> Add
	AS TRUSTEE OF THE CONNIE CHANCELLOR STONER LIVING TRUST DATED 06/11/96	Jacksonville, FL 32225	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2003 FEB 23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2016 FEB 23  
SUNRISE  
TALLAHASSEE

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2016 FEB 23 A 9:33  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA  
(Official)  
filing.) Pursuant to 605.020  
s date will not be listed a

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.

Signature of a member or authorized representative of a member

WILLIAM B. MCMENAMY

Typed or printed name of signer