

L14000169945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

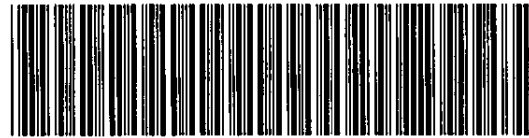
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 10 2014

T CLINE

LAW OFFICE OF
STEPHEN N. SHER PC

5750 OLD ORCHARD ROAD, SUITE 420
SKOKIE, ILLINOIS 60077

TELEPHONE (847) 324-7990

Direct Dial
847-324-7984
jack@sherlaw.net

November 5, 2014

BY FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment – The Cornerstone of Longwood, LLC

To Whom It May Concern:

Please find enclosed the Articles of Amendment for the above referenced entity to be filed with your office. I have also enclosed a check in the amount of \$25.00, representing the filing fee for this transaction. Thank you for your attention to this matter. Please feel free to contact me with any questions.

Very Truly Yours,



Jack T. Baginski

Enclosures

cc: Timothy S. Rybicki, Esq. (by email)

2014 NOV -6 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Cornerstone of Longwood, 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:

Jack T. Baginski

Name of Person

The Law Offices of Stephen N. Sher, PC

Firm/Company

5750 Old Orchard Road, Suite 420

Address

Skokie, Illinois 60077

City/State and Zip Code

jack@sherlaw.net

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

For further information concerning this matter, please call:

Jack T. Baginski

at (847)

324-7984

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2014 MAY -6 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The Cornerstone of Longwood, 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 10/31/2014 and assigned
Florida document number L14000169945.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Cornerstone at Longwood, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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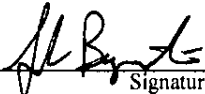
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TALLAHASSEE, FLORIDA

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 November 5, 2014



Signature of a member or authorized representative of a member

Jack T. Baginski

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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