

L17000245394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 07 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB -5 AM 11:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 211 S. FRANKFORT AVENUE 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:

MARIO DAVIS
Name of Person
DUPONT FINANCIAL SERVICES INC.
Firm/Company
927 BEVILLE ROAD SUITE 101
Address
SOUTH DAYTONA, FLORIDA 32119
City/State and Zip Code
MDAVIS@DUPONTFINANCIAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BISHOP
Name of Person
386 675-6595
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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

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

211 S. FRANKFORT AVENUE 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 11/30/2017 and assigned
Florida document number L17000245394.

This amendment is submitted to amend the following:

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

TWO ELEVEN FRANKFORT AVENUE LLC

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)

1137 S. BLUE LAKE AVENUE

DELAND, FLORIDA 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

POST OFFICE BOX 3742

DELAND, FLORIDA 32721

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:

WILLIAM THOMAS

New Registered Office Address:

POST OFFICE BOX 3742

Enter Florida street address

DELAND


City

, Florida 32721

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>
MGR	WILLIAM THOMAS	POST OFFICE BOX 3742	<input type="checkbox"/> Add
		DELAND, FLORIDA 32721	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ETHEL THOMAS	POST OFFICE BOX 3742	<input type="checkbox"/> Add
		DELAND, FLORIDA 32721	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

FILED
DIVISION OF STATE
RECORDS
18 FEB - 5 AM 12:31
TAMPA

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

18 FEB -5 AM 11:31
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (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 DECEMBER 26, 2017

William Thomas

Signature of a member or authorized representative of a member

WILLIAM THOMAS

Typed or printed name of signee

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

211 S. FRANKFORT AVENUE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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DELAND, FLORIDA 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

POST OFFICE BOX 3742

DELAND, FLORIDA 32721

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:

WILLIAM THOMAS

New Registered Office Address:

POST OFFICE BOX 3742

Enter Florida street address

DELAND

City

, Florida 32721

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 18 FEB - 5 PM 11:30
 REMOVE
 CHANGE
 ADD

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

18 FEB -5 AM 11:30

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
18 FEB -5 AM 11:30

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

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Dated DECEMBER 26, 2017

William Thomas

Signature of a member or authorized representative of a member

WILLIAM THOMAS

Typed or printed name of signee