L12000041665

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PICK-UP	WAIT	MAIL
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T. HAMPTON

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	merly CCRS)	
FILING COVER ACCT. #FCA-23	SHEET		
CONTACT:	KATIE WO	<u>NSCH</u>	
DATE:	12/26/2013		i
REF. #:	7752782.900	2530	•
CORP. NAME:	830 BALD I	EAGLE DRIVE, LLC	
() ARTICLES OF INC	ORPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF	CANCELLATION	I	
() OTHER:			
STATE FEES P	REPAID W	ITH CHECK# <u>70012193</u> FOR \$	S <u>25.00</u>
AUTHORIZAT	ION FOR A	CCOUNT IF TO BE DEBITE	D:
		COST LI	MIT: \$
PLEASE RETU	RN:		
() CERTIFIED COP	Υ () (CERTIFICATE OF GOOD STANDING	(XX') PLAIN STAMPED COPY
() CERTIFICATE O	F STATUS		
Examiner's Initial	ls		



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FLORIDA DEPARTMENT OF STATE WAS RECEIVED Division of Corporations

December 27, 2013

CORPDIRECT AGENTS INC KATIE WONSCH

SUBJECT: 830 BALD EAGLE DRIVE, LLC

Ref. Number: L12000041665

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE

12/4

We have received your document for 830 BALD EAGLE DRIVE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that Limited Liability Company forms received prior to January 1, 2014 must be submitted in accordance with Chapter 608, Florida Statutes. If you wish to file pursuant to Chapter 605, please resubmit your document after January 1, 2014. Otherwise, revise your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 613A00029158

COVER LETTER

	egistration Se ivision of Cor			
SUBJECT		agle Drive, LLC		
		Name of Limi	ted Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	•
		Christopher A. Roche		
			Name of Person	
		Law Offices of Christophe	r A. Roche	
			Firm/Company	
		229 N. Collier Boulevard		
			Address	
		Marco Island, FL 34145		
		croche@marcocable.com	City/State and Zip Code	
For further	information co	E-mail address: (to proceed the process of the proc	o be used for future annual report notificat	ion)
	er A. Roche	O 71 ···	239 389-0700 at ()	
	Name of	Person	Area Code & Daytime Te	elephone Number
Enclosed is	a check for th	e following amount:		
3 \$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

830 Bald Eagle Drive, LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now ap	pears on our records.)	<u> </u>
(iiiiisi	s company compan	•37	
The Articles of Organization for this Limited Liability Companies	ny were filed on	March 23, 2012	and assigned
Florida document number L12000041665			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company	here:	
The new name must be distinguishable and end with the words "Li	mited Liability Co	mpany," the designation	"LLC" or the abbreviation
"L.L.C."	·	, ,,	3 C S
Enter new principal offices address, if applicable:			(E) (C)
(Principal office address MUST BE A STREET ADDRESS)			558 558
			AM 9: 4' OF STATI
			100 112 113 100 100 100 100 100 100 100 100 100
Enter new mailing address, if applicable:			部 2
(Mailing address MAY BE A POST OFFICE BOX)			
[Muning uguress MAT BE ATOST OFFICE BOX]			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered	office address (n our records, <u>ente</u>	r the name of the new
registered agent and/or the new registered office address h		, .	
Name of New Registered Agent:			·
New Registered Office Address:			
		Enter Florida street a	ddress
		, Florida _	
	City	, FIORICA _	Zip Code
	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 608, 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	John Paul Macchia	946 Sundrop Court	Add
		Marco Island, FL 34145	Remove
MGR	John A. Macchia	946 Sundrop Court	Add
		Marco Island, FL 34145	Remove
MGRM	Joseph Angelo Macchia	3808 Wilcox Avenue	Add
		Downers Grove, IL 60515	Remove
MGRM	Gianna Lynn Macchia	3457 S. Whitnall Avenue	Add
		Milwaukee, WI 53207	Remove
MGR	M Holdings LLC	229 N. Collier Blvd.	Add
		Marco Island, FL 34145	Remove
			2 AEE
			ZH3 DEGE26
			ASSEE.FL

nmending any other inform	mation, enter change(s) here: (Attach additional sheets, if necessary
<u></u>	
December 30	2013
	Signature of a member or authorized representative of a member
	John Paul Macchia
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 DEC 26 AM 9: 4