# L1400112515

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Suite Place on the Suwannee, 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:

# Seth D. Corneal

Name of Person

The Corneal Law Firm

Firm/Company

179 King Street

Address

St. Augustine, FL 32084

-- City/State and Zip Code

undapsiar59@yahoo.com

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

For further information concerning this matter, please call:

Seth D. Corneal

...904、819-5333

Name of Person

Area Code

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suite Place on the Suwannee, LL		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability C Florida document number L14000112515		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
A Suite Place on the Suwannee, LLC		
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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. If amending any other inform	nation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	<del>-</del>
Effective date, if other than the (The effective date must be specific, cat the date this document is filed by the	ne date of filing: (optional) unnot be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State)
Dated July 22	2014
Sales	
	Signature of a member or authorized representative of a member
Seth D. Cor	neal, Esq.
•	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00