L14000069296

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mateer Harbert
ATTORNEYS AT LAW
ORLANDO

MELISSA CUPPS BATTLES
E-MAIL ADDRESS
mbattles@mateerharbert.com

DIRECT LINE
(407) 377-6152

February 15, 2017

Via U.S. Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: LLC Name Swap

Dear Sir / Ma'am:

Enclosed are Articles of Amendment to Articles of Organization for each of the following limited liability companies:

1. 207 James LLC
2. 2404 E Robinson St LLC

The effect of the enclosed Articles of Amendment is to swap the names of the respective companies so that 207 James LLC becomes 2404 E Robinson St LLC and 2404 E Robinson St LLC becomes 207 James LLC. It is understood that names of companies must be distinguishable on the records of the Florida Department of State but **this "swap" will not result in any duplicate or indistinguishable company names** – simply a reassignment of the names between the two companies. If you should have any questions or if I can provide any further information with regard to this matter, please do not hesitate to contact me. Thank you for your assistance.

Very truly yours,

Melissa Cupps Battles

MCB:jar
Enclosures

4853-1113-5299, v. 1

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 2404 E Robinson St 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:

Melissa Cupps Battles, Esq
Name of Person

Mateer and Harbert, P.A.
Firm/Company

225 E. Robinson Street, Suite 600, Orlando, FL 32801
Address

Orlando, FL 32801
City/State and Zip Code

schickconstruction@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Cupps Battles, Esq at (407) 425-9044
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

2404 E Robinson St 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 04/29/2014 and assigned Florida document number L14000069296.

This amendment is submitted to amend the following:

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

207 James 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 February 13, 2017.

Signature of a member or authorized representative of a member

Paul F. Schick, Manager

Typed or printed name of signee

Filing Fee: $25.00