

**L17000245394**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

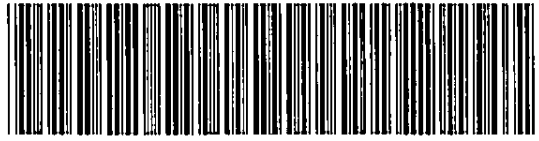
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**B FIGUEROA**  
**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 at ( 386 ) 675-6595  
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**

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:

1137 S. BLUE LAKE AVENUE

(Principal office address MUST BE A STREET ADDRESS)

DELAND, FLORIDA 32720

Enter new mailing address, if applicable:

POST OFFICE BOX 3742

(Mailing address MAY BE A POST OFFICE BOX)

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

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

Multiple horizontal lines for amending information.

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DIVISION OF CORPORATIONS  
18 FEB -5 AM 11:31

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

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(A Florida Limited Liability Company)

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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

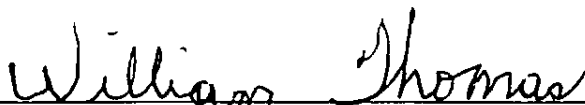
*City*

Florida 32721

*Zip Code*

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If Changing Registered Agent, Signature of New Registered Agent

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 DIVISION OF CORPORATIONS  
 18 FEB - 5 AM 11 '17

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

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Multiple horizontal lines for amending information.

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Dated DECEMBER 26, 2017

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WILLIAM THOMAS

Typed or printed name of signee