

L17000112084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

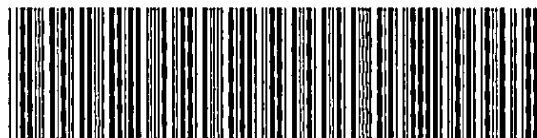
(Business Entity Name)

(Document Number)

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2019 MAR -4 AM 10:12  
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MAR 12 2019  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 11821 MEADOW DR LLC  
Name of Limited Liability Company

2018 MAR - 4 AM 10:11  
RECEIVED  
TALLAHASSEE, FL 32301

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERYL HANSEN, mgr  
Name of Person  
11821 MEADOW DR LLC  
Firm/Company  
220 OSOWAY BLVD  
Address  
SPRING HILL, FL 34607  
City/State and Zip Code  
WILAKEFRONTS @ YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL HANSEN at 262 215-5673  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

OF

11821 MEADOW DR 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 May 22, 2017 and assigned  
Florida document number 217000112084

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

220 OSOWAW BLVD

SPRING HILL, FL 34607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 OSOWAW BLVD

SPRING HILL, FL 34607

**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:

220 OSOWAW BLVD

Enter Florida street address

SPRING HILL

City

, Florida

34607

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>                      |
|--------------|---|------------------------------|--|
| <u>mgr</u>   | <u>CHERYL HANSEN</u>                                    | <u>220 OSWALD BLVD</u>       | <input type="checkbox"/> Add               |
|              |   | <u>Spring Hill, FL 34607</u> | <input type="checkbox"/> Remove            |
|              |   |                              | <input checked="" type="checkbox"/> Change |
| <u>mgr</u>   | <u>RUSSELL HANSEN</u>                                   | <u>220 OSWALD BLVD</u>       | <input type="checkbox"/> Add               |
|              |   | <u>Spring Hill, FL 34607</u> | <input type="checkbox"/> Remove            |
|              |   |                              | <input checked="" type="checkbox"/> Change |
| <u>AP</u>    | <u>CHERYL HANSEN FBO</u><br><u>THE HANSEN 401K PSP</u>  | <u>220 OSWALD BLVD</u>       | <input type="checkbox"/> Add               |
|              |   | <u>Spring Hill, FL 34607</u> | <input type="checkbox"/> Remove            |
|              |   |                              | <input checked="" type="checkbox"/> Change |
| <u>AP</u>    | <u>RUSSELL HANSEN FBO</u><br><u>THE HANSEN 401K PSP</u> | <u>220 OSWALD BLVD</u>       | <input type="checkbox"/> Add               |
|              |   | <u>Spring Hill, FL 34607</u> | <input type="checkbox"/> Remove            |
|              |   |                              | <input checked="" type="checkbox"/> Change |
|              |   |                              | <input type="checkbox"/> Add               |
|              |   |                              | <input type="checkbox"/> Remove            |
|              |   |                              | <input type="checkbox"/> Change            |
|              |   |                              | <input type="checkbox"/> Add               |
|              |   |                              | <input type="checkbox"/> Remove            |
|              |   |                              | <input type="checkbox"/> Change            |

[illegible]

(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)

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 2/28, 2019

Phyllis

Signature of a member or authorized representative of a member

CHERYL HANSEN

Typed or printed name of signee