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MAY 12 2016 J SHIVERS RICHARD E. STRAUGHN
MARK G. TURNER
\*DOUGLAS A. LOCKWOOD, III
MARIE STRAUGHN PRISCO
ALEXANDER M. LANDBACK

Board Certified In Business Litigation

Board Certified In Civil Trial Law

Certified Circuit Mediator

JACK STRAUGHN

May 10, 2016

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: PINELAND DEVELOPMENT, LLC/

Articles of Amendment

Document No.: L01000007336 Our File No.: 04570/0001

Dear Sir or Madam:

Please find enclosed herewith for filing the original Articles of Amendment to the Articles of Organization, incident to the above limited liability company. Further enclosed is my client's check made payable to the Florida Department of State, in the total amount of \$25.00 which represents the filing fee for the Articles of Amendment. Please forward your acknowledgment of this filing to my attention at the above address.

Should you have any questions, please do not hesitate to contact me.

Sincerely yours,

STRAUGHN & TURNER, P.A.

Met 8.J

MARK G. TURNER

MGT/djb Enclosures

pineland\lic\letter\fladept.amendment-darden

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT:		ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mark G. Turner, Esquire		
		Name of Person	
	STRAUGHN & TURNER	, P.A.	
		Firm/Company	· ·
	Division of Corporations  PINELAND DEVELOPMENT, LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  Mark G. Turner, Esquire  Name of Person  STRAUGHN & TURNER, P.A.  Firm/Company  P.O. Box 2295  Address  Winter Haven, Florida 33883-2295  City/State and Zip Code  mturner@straughnturner.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  rk G. Turner, Esquire  Name of Person  Name of Person  Jaytime Telephone Number		
		Address	
	Winter Haven, Florida 338	183-2295	
		City/State and Zip Code	
	<del>-</del> -		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Mark G. Turner, Esquire	e		
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

PINELAND DE	EVELOPMENT, LLC		
( <u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears ted Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Compa orida document number L01000007336		May 9, 2001	and assigned
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited l	iability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited L	iability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered		our records, ent	er the name of the
egistered agent and/or the new registered office address l	<u>here</u> :		
Name of New Registered Agent:			- 3 CO
New Registered Office Address:	<u> </u>		333 3
	Enter Flori	ida street address Florida	
	City	, riorida .	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		53 8

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>	Address	Type of Action
MGRM	Douglas Darden	6781 Winterset Gardens Road	Add
		Winter Haven, Florida 33884	■ Remove
			☐ Change
			□ Add
		<del> </del>	☐ Remove
			Change
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Effective date, if other than the date of filing:	(optional)	
f an effective date is listed, the date must be specific and cannot be prior to date of <b>Note:</b> If the date inserted in this block does not meet the applicable statu	iting or more than 90 days after filing.) Pursuant to ocurrently filing requirements, this date will not be list	sted as
document's effective date on the Department of State's records.	:	
ne record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earl	ier o
Dated		
Signature of a member or authorized repr		

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Typed or printed name of signee

Filing Fee: \$25.00