101000010274

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Ondification of Outro
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
·

Office Use Only



500213856905



TILED

11 NOV 17 PM 1:57

3.EURETARY OF STATE
ATT AMASSEE FI OBIDA

D. BRUCE

NOV 18 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2011

MICHAEL R. ROBINSON 1355 ERROL PKWY APOPKA, FL 32712

SUBJECT: ERROL MANAGEMENT GROUP, LLC

Ref. Number: L01000010294

We have received your document for ERROL MANAGEMENT GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 411A0002534

FILED 11 NOV 17 PM 1: 57

COVER LETTER

Ĩ TO:*

TO:*	Registration Se Division of Co				
SUBJE	CT:	ERROL MANAC	SEMENT GROUP,	. LLC.	
50202					
		'Amendment and fee(s) are su ondence concerning this matte	•		
	MICHAEL J. ROBINSON Name of Person			_	
ERROL ESTATE COUNTRY CLUB, LTD.				LUB, LTD.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	_
13			355 ERROL PARKWAY		_
	Address				
	APOPKA, FL 32712 City/State and Zip Code				- A SS =
		MR	OBIN15@YAHOO.Co	ОМ	AREA OF T
For furth	er information o	e-mail address; (concerning this matter, please o	to be used for future annual repeall:	ort notification)	NOV 17 PM 1:57
	MICHAI	EL J. ROBINSON	at (407)	886-5000 X 2015	of ST
		f Person		2 Daytime Telephone Number	RIDA FIDA
Enclosed	is a check for the	he following amount:			
\$25.0	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registratio Division of Clifton Bui 2661 Exect	f Corporations		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERROL MANAG	<u>EMENT GRO</u>	JP, LLC.	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now ap ited Liability Compar	pears on our records.) 1y)	
The Articles of Organization for this Limited Liability Com	pany were filed on	OCTOBER 27, 2011	and assigned
Florida document numberL01000010294			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company	<u>here</u> :	
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Co	mpany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicable:		· · · · · ·	
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
		<u> </u>	<u> </u>
Enter new mailing address, if applicable:		יט מי ת	ARY 3 M
(Mailing address MAY BE A POST OFFICE BOX)			
			57
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		7	>
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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ronald L. Mountcastle	1096 Errol Parkway Apopka, Fl. 32712	Z Add
			T 13
			AddRemove
			<u> </u>
			=-
D. If amend	ling any other information, enter cha	nge(s) here: (Attach additional sheets, if ne	cessary.)
			ALE ST
——Dated	November 15 /	201/	TARY OF S
*	Mw /- /		D 1:58
	/	der or authorized representative of a member CHAEL J. ROBINSON	
	Тур	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00