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17 MAY 17 AM 8:58
TALLAHASSEE, FLORIDA

MAY 18 2017

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTHWEST PROFESSIONAL CENTER L.L.C.

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:

Eric Jones

Name of Person

Firm/Company

10370 SW 51st Terr

Address

City/State and Zip Code

Ocala FL 34476

City/State and Zip Code

City/State and Zip Code

1. eajones@brickcitytitle.net

E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eric Jones

Name of Person

352 390-2880
at (_____) _____
Area Code Daytime Telephone Number

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**

SOUTHWEST PROFESSIONAL CENTER L.L.C.

(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 December 10, 2001 and assigned
Florida document number L01000021996.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8750 SW Hwy 200

Ocala FL 34481

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8750 SW Hwy 200

Ocala FL 34481

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:

Eric Jones

New Registered Office Address:

10370 SW 51st Terr

Enter Florida street address

Ocala

Florida 34476

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|-------------------------|--|
| MGR | W. E. BISHOP, JR | 7743 SW S. R. 200 | <input type="checkbox"/> Add |
| | | OCALA FL 34476 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CHAWIVAN C. ORLANDO | 9377 SW 92 STREET | <input type="checkbox"/> Add |
| | | OCALA FL 34481 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JANET SPITZER | 15604 S88TH TRAIL NORTH | <input type="checkbox"/> Add |
| | | PALM BEACH GARDENS, FL | <input checked="" type="checkbox"/> Remove |
| | | 34418 | <input 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 |

17 MAY 17 AM 10:00
ST. JOHN'S COUNTY
FLORIDA

[illegible]

7 MAY 17 AM 1968
SOUTH WEST BY 10
CLEAR BSE 1-1000

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.

Dated May 15, 2017

Eric Jones

Filing Fee: \$25.00