

LO200000 4356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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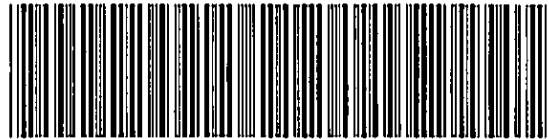
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
18 JUL -3 AM 9:00

N COOPER
JUL 09 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUNTY LINE PARTNERS, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

BLAIR M. JOHNSON

Name of Person

BLAIR M. JOHNSON, P.A.

Firm/Company

P.O. BOX 770496

Address

WINTER GARDEN, FL 34777-0496

City/State and Zip Code

Robert@masterlineusa.com

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

For further information concerning this matter, please call:

BLAIR M. JOHNSON

407 656-5521
at (_____) _____

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**

COUNTY LINE PARTNERS, 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 February 22, 2002 and assigned Florida document number L02000004356.

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)

3118 Butler Bay Drive, Windermere, FL

34786

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROBERT M. ROCHE

New Registered Office Address:

200 COUNTYLINE COURT, SUITE 1

Enter Florida street address

OAKLAND

City

Florida 34760

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>MGRM</u>	<u>RICHARD W. WEBER, JR.</u>	<u>635 W. Hwy. 50, Suite C, Clermont,</u> <u>FL 34711</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGRM</u>	<u>ROBERT A. POOL</u>	<u>12128 Lakeshore Drive, Clermont, FL</u> <u>34711</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGRM</u>	<u>LARRY CAPPLEMAN</u>	<u>12128 Lakeshore Drive, Clermont, FL</u> <u>34711</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGRM</u>	<u>ROBERT ROCHE</u>	<u>12128 Lakeshore Drive, Clermont, FL</u> <u>34711</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>SERIGO FONT</u>	<u>200 Countyline Ct., Suite 1, Oakland</u> <u>FL 34760</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>ROBERT M. ROCHE</u>	<u>200 Countyline Ct., Suite 1, Oakland</u> <u>FL 34760</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change


18 JUL -3 AM 9:00

SECTION OF
DIVISION
18 JUL -3 AM 9:00

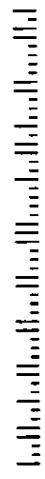
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.


Signature of a member or authorized representative of a member

ROBERT M. ROCHE
Typed or printed name of signee



Blair M. Johnson, P.A.
Attorney At Law
P.O. Box 770496
425 South Dillard Street
Winter Garden, FL 34777-0496