

LO2000019470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

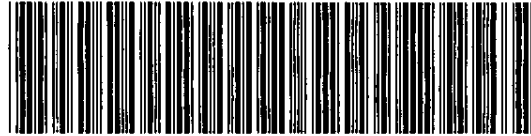
LO2-19470

(Document Number)

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2013 JUL -9 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Cuffigan JUL -9 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 30, 2013

BARRY A. EISENSEN, ESQ.  
1776 N. PINE ISLAND ROAD  
SUITE 224  
PLANTATION, FL 33322

SUBJECT: DAVIE MANOR 2, L.L.C.  
Ref. Number: L02000019470

We have received your document for DAVIE MANOR 2, L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 313A00013576

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2013 JUL -9 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DAVIE MANOR 2, 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 JULY 31, 2002 and assigned  
Florida document number L02000019470.

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 end with 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)

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:

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>LUNDY, ERLAN N.</u>	<u>8712 SHERATON DR.</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33025</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>LUNDY, ERLAN N. AS</u> <u>TRUSTEE OF THE REVOCABLE</u> <u>LIVING TRUST AGREEMENT</u> <u>OF ERLAN LUNDY</u> <u>DATED MAY 14, 2013.</u>	<u>8712 SHERATON DR.</u>	<input checked="" type="checkbox"/> Add
		<u>MIRAMAR, FL 33025</u>	<input type="checkbox"/> Remove
<u>MGRM</u>	<u>JEFFRIES, LISA</u>	<u>8712 SHERATON DR.</u>	<input type="checkbox"/> Add
		<u>MIRAMAR, FL 33025</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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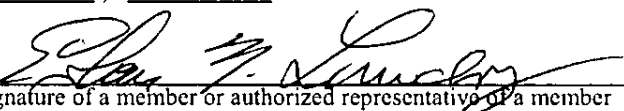
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Dated 6/13/13, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
ERLAN N. LUNDY

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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**2013 JUL -9 PM 3:21**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**