

LO2000032196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

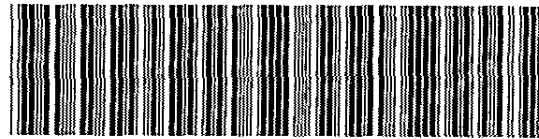
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MS

Office Use Only



600108573776

09/05/07--01042--029 **25.00

FILED

07 SEP -5 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Olde Town Brokers-College Park, LLC
(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:

Lisa Owens Gould
(Name of Person)

Olde Town Broker
(Firm/Company)

214 S. Park Ave. Ste. B
(Address)

Winter Park, FL 32789
(City/State and Zip Code)

FILED
07 SEP -5 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Louise Fote at 407 425-5069
(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

Olde Town Brokers - College Park, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on _____ and assigned
document number _____

SECOND: This amendment is submitted to amend the following:

To Add: Lisa Owens Gould as manager

Mailing Address change to Address

11 N. Summerlin Ave

Suite 101

Orlando, FL 32801

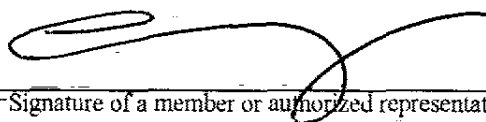
07 SEP

AM 10:14

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Phil Rampy
Typed or printed name of signer