

L030000008555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

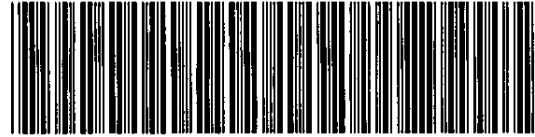
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100260536931

06/02/14--01042--001 **\$50.00

FILED
14 JUN -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 6 2014

T. BROWN

***Robert Kit Korey, P.A.
Korey, Sweet, McKinnon & Simpson
Attorneys and Counselors at Law***

*Robert Kit Korey, P.A.
Jeffrey C. Sweet
Noah C. McKinnon, Jr., P.A.
Scott E. Simpson, P.A.
Abraham C. McKinnon
R. Kevin Korey
Adam K. Dunn*

*Suite A, Granada Oaks Professional Building
595 West Granada Boulevard
Ormond Beach, Florida 32174
Telephone (386) 677-3431
Telefax (386) 673-0748*

May 30, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Cir
Tallahassee, FL. 32301

Re: LLC Name Change
Shangri-la Mobile Village, LLC
to
500 S. Nova, LLC, a Florida limited liability company

Dear Madam or Sir:

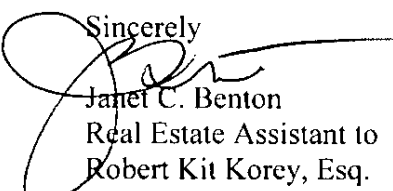
Enclosed please find our check in the amount of \$60.00 for the filing of the name change
for:

Shangri'La Mobile Village, LLC #200796599
To:
500 S. Nova, LLC, a Florida limited liability company
#200796599

Please see attached forms for the change.

Should you have any questions or concerns, please call me,

Sincerely


Janet C. Benton
Real Estate Assistant to
Robert Kit Korey, Esq.

Jb
encls

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Shangri'La Mobile Village, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 JUN -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L03000008555

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

500 S. Nova, LLC
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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

_____	_____	_____	<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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 30, 2014.

Randall H. Hinds
Signature of a member or authorized representative of a member

Randall
Typed or printed name of signee