# L03000019269

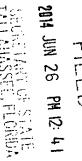
(Req	uestor's Name)		
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### **COVER LETTER**

TO:

Registration Section Division of Corporations

1412 TROVILLION, LLC

**SUBJECT** 

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:

## JOHN TAYLOR

Name of Person

FASSETT, ANTHONY & TAYLOR, P.A.

Firm/Company

1325 W. COLONIAL DRIVE

Address

ORLANDO, FL 32804

City/State and Zip Code

JTAYLOR@FASSETTLAW.COM

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

For further information concerning this matter, please call:

# JOHN TAYLOR

,407 <u>,</u>872-0200

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

FILED 2014 JUN 26 PM 12: 41

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECLETARY OF STATE TALLAHASSEE, FLORIDA

1412 TROVILLION, LLC			
(Name of the Limited Li (A FI	ability Company as it now orida Limited Liability Con	appears on our records.)	<del></del>
The Articles of Organization for this Limited Liabili Florida document number L0300009269			and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability comp	anv here:	
The new name must be distinguishable and end with the words	"Limited Liability Compar	y," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AI	ODRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office:	egistered office addr address here:	ess on our records,	enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street address	
		, Flori	do
_	City	, FIOR	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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>	Name	Address	Type of Action
MGRM	Stephen C. Abrams	320 East Trotters Drive	<b>Ad</b> d
		Maitland, FL 32751	Remove
MGRM	SCA Management, LLC	7702 S. Shoreacres Pt.	
		Floral City, FL 34436	■ Remove
			 □ Add
			□ Remove
			Remove
			Pernove
			Remove

f amending any other inform	ation, enter change(s) here: (Attach add	itional sheets, if necessary.)
_		
	anot be prior to date of receipt or filed date and cann	(optional) not be more than 90 days after
he date this document is filed by the	• • • • • • • • • • • • • • • • • • • •	
ated June 18	2014	
	Ll	
& VI	Signature of a member or authorized represental	
Stephen C.	. Abrams, Sole Membei	r
	Typed or printed name of signer	€

Page 3 of 3

Filing Fee: \$25.00

