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6 SEP -7 PN 12: 44

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COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Beverly Buczewski Name of Person Albright Properties	
	Albright Propertics	
	PO BOX 725 Address	
	Ocklawaha FL 32183 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
Enclose	Beverly Baczewski at (352) 288-3000 Name of Person Daytime Telephone Number OV	1624
\$2:	5.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	ake Weir I	Inn, LLC
(Name of the Limited Liability (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>LO3000 180</u>	Company were filed on <u>Ma</u> 036	4 20, 2003 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		nation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		ACLE SE
(Mailing address MAY BE A POST OFFICE BOX)		255
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, enter the mame of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
	0:	, 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

MGR = Ma	anager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Agnes E. Albrigh	+ PO BOX 725	Add
		Po Box 725 Ocklawaha, FL 3218	3_□ Remove
			Change
AMBR	Agnes E. Albright	POBOX 725 Ocklawaha, FL32183	Add
	_	Ocklanaha, FL32183	☐ Remove
			Change
	····		
			☐ Remove
			Change
			Add,
			Remove
			∴ Change
			Add
			□ Remove
			Change
	····		🗆 Add
			Remove
			□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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<u>~</u>
; 7] (*)
- <u> </u>
PTC 27

Page 3 of 3

Filing Fee: \$25.00