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### **COVER LETTER**

TO:	Registration Sec Division of Corp		<b>♥</b> .	
CIID II	SOUTH LA	KE CONNECTOR, LLC		
SUBJE	.CI;	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		RANDALL B. LANGLEY		
			Name of Person	
		SOUTH LAKE CONNEC	TOR, LLC	
		<u> </u>	Firm/Company	
		P.O. BOX 120355		
			Address	
		CLERMONT, FL 34712		
			City/State and Zip Code	
	٠.	LANGLEYFL@ME.COM		
		E-mail address: (1	to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
RANE	OALL B. LANGLE	EY	407 947-6037	
	Name of	f Person	at ()	Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2.	5.00 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

SOUTH LAKE CONNECTOR, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 11/07/03	and assigned
Florida document number L03000043283	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	A Section 1
		<u> </u>
Enter new mailing address, if applicable:		SET W
(Mailing address MAY BE A POST OFFICE BOX)		
		9: N
B. If amending the registered agent and/or registered agent and/or the new registered office ade		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	nddress
<u> </u>		_, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RANDALL B. LANGLEY	P.O. BOX 120355	□ Add
		CLERMONT, FL 34712	□ Remove
			E Change
MGR	MICHAEL R. LANGLEY	P.O. BOX 120355	□ Add
	,	CLERMONT, FL 34712	_ □ Remove
		<del></del>	■ Change
	· · · · · · · · · · · · · · · · · · ·		Add
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ffecti	ve date, if other than the date of filing: 551 (optional)
<u>lote:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	My Z 29/6

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00