

L04000038339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

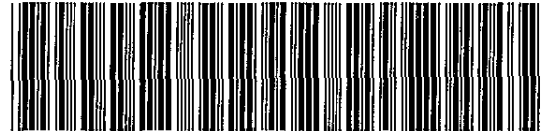
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800037412308

06/03/04 - 01033--BUC **25.00

FILED

RECEIVED

04 JUN -3 PM 12:59

04 JUN -3 AM 11:58

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Pines Plaza, LLC

Signature _____

Requested by: SW 6/3

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

☒ Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

FILED
04 JUN -3 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PINE PLAZA, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The date of filing of the articles of organization was May 20, 2004

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

Article I Name: Name amended to read: **PINES PLAZA, LLC**

Article IV Management: Name and address of Manager:

**Janie Pageau
16956-5 McGregor Blvd.
Ft. Myers, FL 33908**

04 JUN -3 PM 12:59
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated June 2, 2004



Signature of a member or authorized representative of a member

Harold S. Eskin

Typed or printed name of signee

Filing Fee: \$25.00