

L 04000091516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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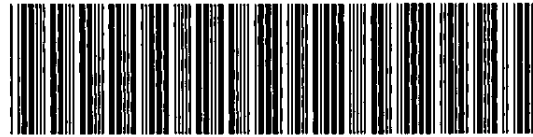
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAY 16 AM 9:32

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J. SAULSBERRY
EXAMINER

MAY 17 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIERE LAKEFRONT OF CENTRAL FLORIDA, LLC
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:

WAYNE VAUGHAN
Name of Person

PREMIERE LAKEFRONT OF CENTRAL FLORIDA, LLC
Firm/Company

1500 SUNSET VILLAGE BLVD
Address

CLERMONT, FL 34711
City/State and Zip Code

WORK1988@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WAYNE VAUGHAN at (352) 636-5502
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PREMIERE LAKEFRONT OF CENTRAL FLORIDA, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/17/2004 and assigned
Florida document number L04000091516

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2015 MAY 16 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

1500 SUNSET VILLAGE BLVD
CLERMONT, FL 34711

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1500 SUNSET VILLAGE BLVD
CLERMONT, FL 34711

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: WAYNE VAUGHAN
New Registered Office Address: 1500 SUNSET VILLAGE BLVD
Enter Florida street address
CLERMONT, Florida 34711
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 608, 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.

Wayne Vaughan
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MICHAEL J. CAVENDER	1719 1ST ST CLERMONT, FL 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	WAYNE VAUGHAN	1500 SUNSET VILLAGE BLVD CLERMONT, FL 34711	<input checked="" 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.)

Dated 5/11, 2012

Wayne Vaughan
Signature of a member or authorized representative of a member

WAYNE VAUGHAN
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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