

L05 000031568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

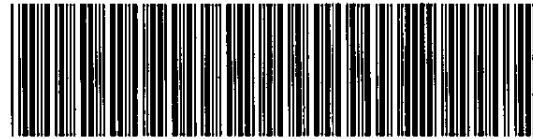
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

DURANT, SCHOEPPPEL, DECUNTO & RATCHFORD, P. A.

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April 7, 2014

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Kanter's University Boulevard Properties, LLC
Document Number: L05000053042
Request to change LLC's name and Registered Agent

Kanter's Old Kings Road Properties, LLC
Document Number: L05000031571
Request to change Registered Agent

Kanter's Ocean 14 Properties, LLC
Document Number: L05000031205
Request to change Registered Agent

Kanter's Colony Cove Properties, LLC
Document Number: L05000031568
Request to change Registered Agent

Cardiovascular Associates of Jacksonville, P.A.
Document Number: 616602
Request to change Registered Agent

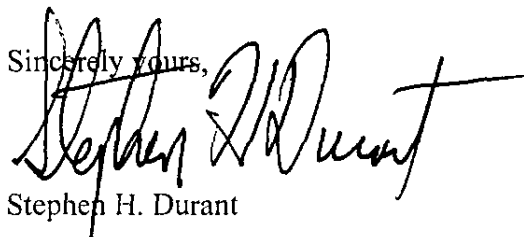
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TALLAHASSEE, FLORIDA

To whom it may concern,

Enclosed please find the Articles of Amendment to Articles of Organization for the above referenced LLCs together with our firm check in the amount of \$125.00 for the associated filing fees. Additionally enclosed please find a postage paid envelope for mailing the letters of acknowledgments once the amendments have been filed.

Please call me at the number above should you have any questions or inquiries regarding this request.

Sincerely yours,



Stephen H. Durant

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KANTER'S COLONY COVE PROPERTIES, 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:

Stephen H. Durant

Name of Person

Durant, Schoeppel, Decunto & Ratchford, P.A.

Firm/Company

6550 St. Augustine Road, Suite 105

Address

Jacksonville, FL 32217

City/State and Zip Code

mlewis@ds-law.net

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stephen H. Durant

Name of Person

at **(904) 652-2600**

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

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

KANTER'S COLONY COVE PROPERTIES, 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 March 30, 2005 and assigned
Florida document number L05000031568.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Durant, Schoeppel, Decunto & Ratchford, P.A.

New Registered Office Address:

6550 St. Augustine Road, Suite 105

Enter Florida street address

Jacksonville

City

, Florida 32217

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.

[Signature]
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 3, 2014

Lawrence James Kanter

Signature of a member or authorized representative of a member

Lawrence James Kanter, as Trustee of the Lawrence James Kanter Living Trust u/a/d/ March 16, 2005

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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