

LA5000034617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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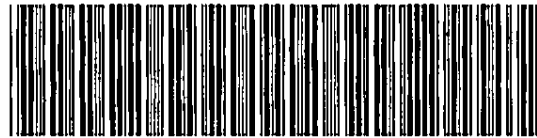
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 720 N STREET, 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:

JOHN D. O'NEILL, ESQ.

Name of Person

JOHN D. O'NEILL, P.A.

Firm/Company

44 Coconut Row, Ste. M209

Address

Palm Beach, Florida 33480

City/State and Zip Code

john@jdopa.com

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

For further information concerning this matter, please call:

John D. O'Neill

561 366-1212
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

720 N STREET, 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 04/08/2005 and assigned
Florida document number 1.05000034617.

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 contain 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)

42 North Lakeshore Drive

Hypoluxo, Florida 33462

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

42 North Lakeshore Drive

Hypoluxo, Florida 33462

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:

Carlos Alvarado

New Registered Office Address:

42 North Lakeshore Drive

Enter Florida street address

Hypoluxo

City

Florida 33462

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Timothy R. Willingham		<input type="checkbox"/> Add
		11832 Osprey Point Cir.	<input checked="" type="checkbox"/> Remove
		Wellington, FL 33449	<input type="checkbox"/> Change
AMBR	Monica V. Florez		<input type="checkbox"/> Add
		11832 Osprey Point Cir.	<input checked="" type="checkbox"/> Remove
		Wellington, FL 33449	<input type="checkbox"/> Change
AMBR	The Willingham Children's Trust		<input type="checkbox"/> Add
		11832 Osprey Point Cir.	<input checked="" type="checkbox"/> Remove
		Wellington, FL 33449	<input type="checkbox"/> Change
AMBR	Carlos Alvarado Rev Living Trust	42 N. Lakeshore Dr.	<input checked="" type="checkbox"/> Add
		Hypoluxo, FL 33462	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 DIVISION OF CONSUMER PROTECTION

17 AUG 1964
DIVISION OF COMMERCE
FISH AND WILDLIFE SERVICE

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DIVISION OF CONSUMER AFFAIRS

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 25, 2017

L. L. W. H.
Signature of a member or authorized representative of a member

Timothy R. Willingham

Typed or printed name of signee