

L050000047413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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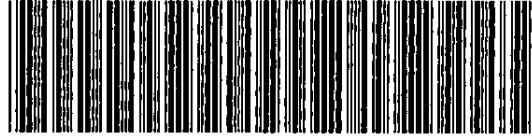
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

APR 23 2015

T. BROWN

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2655 Heron Court, L.L.C.

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:

Kelsey Taylor

Name of Person

Law Office of George H. Mazzarantani, P.A.

Firm/Company

1800 Second Street, Suite 708

Address

Sarasota, FL 34236

City/State and Zip Code

kelsey@mazzarantani.com

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

For further information concerning this matter, please call:

Kelsey Taylor

941 954-6000
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

FILED
15 APR -8 PM 12:20
TALLAHASSEE, FLORIDA
ds.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Sarasota, FL 34236

Sarasota, FL 34236

Zip Code

Page 1 of 3

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>
MGR	William L. Knapp	100 Central Ave, PH2	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
MGR	Jane T. Knapp	100 Central Ave, PH2	<input type="checkbox"/> Add
		Sarasota, FL 34236	<input checked="" type="checkbox"/> Remove
MGR	William L. Knapp	44 S. Washington Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<input type="checkbox"/> Remove
MGR	Jane T. Knapp	44 S. Washington Drive	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34236	<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.)

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 7, 2015

Signature of a member or authorized representative of a member

George H. Mazzarantani, Esq., Registered Agent ATTORNEY-IN-FACT

Typed or printed name of signee