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COVER LETTER

Div	ision of Corp	orations		•
SUBJECT:	2655 Her	on Court, L.L.C.		
SCHOLCI.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	all correspor	dence concerning this matter t	to the following:	
•		Kelsey Taylor		
			Name of Person	
		Law Office of George	e H. Mazzarantani, P.A.	
			Firm/Company	
		1800 Second Street,	Suite 708	
			Address	
		Sarasota, FL 34236		
			City/State and Zip Code	
		kelsey@mazzarantan		
			o be used for future annual report notifica	ation)
For further in	formation co	ncerning this matter, please ca	dl:	
Kelsey Ta	ylor		941 954-6000	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section •

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**

_	AMENDMENT	
	O SPICANIZATION	
•	ORGANIZATION 15 App. 15 App.	
•		
2655 Heron Court, L.L.C.	AMENDMENT O DRGANIZATION OF AN as it now appears on our records. Liability Company) O5/12/2005	
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)	
	Chile	
The Articles of Organization for this Limited Liability Company	were filed on 05/12/2005 and assigned	
Florida document number L05000047413		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lia		
Enter new principal offices address, if applicable:	44 S. Washington Drive	
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236	
	44 S. Washington Drive	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Sarasota, FL 34236	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the n	
registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 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 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>	Address	Type of Action
MGR	William L. Knapp	100 Central Ave, PH2	Add
		Sarasota, FL 34236	Remove
MGR	Jane T. Knapp	100 Central Ave, PH2	
		Sarasota, FL 34236	Remove
MGR	William L. Knapp	44 S. Washington Drive	■ Add
		Sarasota, FL 34236	Remove
MGR	Jane T. Knapp	44 S. Washington Drive	A dd
		Sarasota, FL 34236	☐ Remove
			□ Remove
	**************************************		□ Add
			□ Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	, ,
_	
_	
(The effect	tive date, if other than the date of filing:
Dated _	April 7 , 2015
	Signature of a member or authorized representative of a member
	George H. Mazzarantani, Esq., Registered Agent ATTORNET - IN-FACT
	Typed or printed name of signee

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Filing Fee: \$25.00