

205000069753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

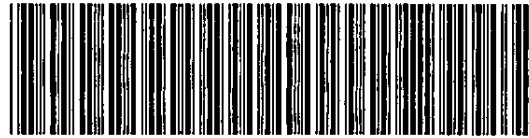
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **Peninsular Drive 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:

Joseph C. Greco, III, Esq.

Name of Person

The Law Office of Joseph C. Greco, III, P.A.

Firm/Company

121 South Orange Ave., Suite 1500

Address

Orlando, Florida 32801-3241

City/State and Zip Code

joe greco@att.net

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

For further information concerning this matter, please call:

Joseph C. Greco, III, Esq.

Name of Person

at (**407**) **377-6848**

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

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CORPORATIONS
TALLAHASSEE, FLORIDA

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

Peninsular Drive 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 07/15/2005 and assigned
Florida document number L05000069753

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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:

Lorcan Claffey

New Registered Office Address:

116 Polo Park East Blvd

Enter Florida street address

Davenport

City

Florida 33897

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.


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>
MGMR	Garrett Kenny	116 Polo Park East Blvd	<input type="checkbox"/> Add
		Davenport, FL 33897	<input checked="" type="checkbox"/> Remove
MGMR	Lorcan Claffey	116 Polo Park East Blvd	<input checked="" type="checkbox"/> Add
		Davenport, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/27/2013 BY 60322 UC/STP/STP

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



Signature of a member or authorized representative of a member

Lorcan Claffey

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL 32303

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