

LO5000071949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

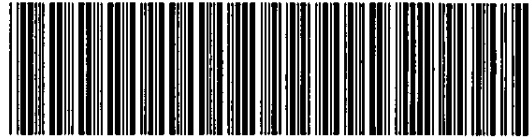
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266238190

11/10/14--01054--010 **200.00

14 NOV 10 AM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Signature]

T. LEMIEUX

NOV 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUMBINI HOMES, 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:

TECK S. NG

Name of Person

LUMBINI HOMES, LLC

Firm/Company

1531 Drexel Road, #269

Address

W. Palm Beach, FL 33417

City/State and Zip Code

ng_t@bellsouth.net

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

For further information concerning this matter, please call:

TECK S. NG

Name of Person

at (561) 317-1992

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LUMBERI HOMES L.L.C.

2. (a) 1531 BREXEL Rd Apt 269 (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

WEST PALM BEACH.

FL 33417.

3. LC 7/21/2005 4. LD5000071949
Date of filing/registration in Florida Document number

5. (a) 5430 BRETT PANDERSON
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5397 MOBILE AIRE DR L.L.C.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WEST PALM BEACH.

FL 33417.

(b) REBECCA MARKEE.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4 PINEBRIDGE DR
NEW Registered Office Address:

RIVIERA BEACH.

FL 33404.

APPROVED
AND
FILED
14 NOV 10 AM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

TEUKS NG
Printed or typed name of signer

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.

Rebecca Markke
Signature of Registered Agent