

LD0000054552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

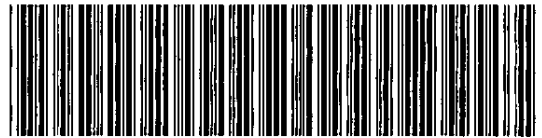
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 12 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jacksonville Business Park I 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:

Prem Chatpar

(Name of Person)

Jacksonville Business Park I LLC

(Firm/Company)

6 Simonson Ct

(Address)

Glen Head N.H. 11545

(City/State and Zip Code)

For further information concerning this matter, please call:

Prem Chatpar

(Name of Person)

at (516) 236 5056

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Jacksonville Business Park I 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 5/18/200 and assigned

Florida document number 406000054552  
FBI # 204872625

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)

757 St Johns Bluff Rd  
Jacksonville FL 32225

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6 Simonson Ct  
Glen Head NY 11545

**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:

Fren Chatpar

New Registered Office Address:

757 St Johns Bluff Rd  
(Enter Florida street address)

Jacksonville, Florida 32225  
(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 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

Title	Name	Address	Type of Action
MGRM	James Prendergast	1301 SE 13 <sup>th</sup> Ave Deerfield Bch FL 33441	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	James Prendergast		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Prem Chatpar	6 Simonson Ct Glen Head NY 11545	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Prem Chatpar	6 Simonson Ct Glen Head NY 11545	<input checked="" type="checkbox"/> Add <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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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08 DEC 11 PM 12:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 12/8, 2008.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
James Prendergast  
Typed or printed name of signee