

LD6000096069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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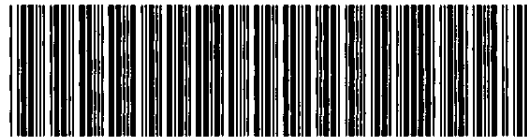
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DIVISION OF CORPORATIONS
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C. LEWIS
OCT 11 2012
EXAMINER

LUTZ, BOBO, TELFAIR, EASTMAN, GABEL & LEE

LAW FIRM

J. ALLEN BOBO

ROGER P. CONLEY*

JOHN R. DUNHAM, III

DAVID D. EASTMAN

JODY B. GABEL

SCOTT E. GORDON

CAROL S. GRONDZIK

WILLIAM R. KORP*

RICHARD P. LEE

H. ROGER LUTZ

CHARLES W. TELFAIR, IV

JONATHAN P. WHITNEY

ONE SARASOTA TOWER
TWO NORTH MIAMI TRAIL
SUITE 500
SARASOTA, FLORIDA 34236-5575

TELEPHONE: (941) 951-1800
TOLL FREE: (877) 951-1800
FAX: (941) 366-1603
E-MAIL: KSAWDO@LUTZBOBO.COM
PLEASE REPLY TO: SARASOTA

TALLAHASSEE OFFICE:
2155 DELTA BOULEVARD
SUITE 2108
TALLAHASSEE, FLORIDA 32303
TOLL FREE: (877) 521-0890

BRADENTON OFFICE:
1401 MANATEE AVENUE W.
BRADENTON, FLORIDA 34205

*OF COUNSEL

October 9, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Meadowlea Deland, LLC; Fla. Document #L06000096069

Dear Sir or Madam:

In connection with the above matter I am enclosing the following items:


1. Cover Letter and Articles of Amendment to Articles of Organization for the above.
2. Check in the sum of \$30 to cover the filing fee.

Please file this amendment at your earliest opportunity and return any documentation to my attention at the above address. Should you require anything further, please do not hesitate to contact this office.

Sincerely,

LUTZ, BOBO, TELFAIR, EASTMAN, GABEL & LEE

By:


KATHLEEN A. SAWDO, CP, FRP
Certified Paralegal

KAS:Meadowlea_DivCorp_ltr
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEADOWLEA DELAND, 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:

SCOTT E. GORDON, ESQ.

Name of Person

LUTZ, BOBO, TELFAIR, EASTMAN, GABEL & IEE

Firm/Company

2 N. TAMiami TRAIL, SUITE 500

Address

SARASOTA, FL 34236

City/State and Zip Code

SGORDON@LUTZBOBO.COM

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

For further information concerning this matter, please call:

SCOTT E. GORDON

Name of Person

at (941)

951-1800

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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MEADOWLEA DELAND, 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 October 2, 2006 and assigned Florida document number L06000096069.

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)

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:

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 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

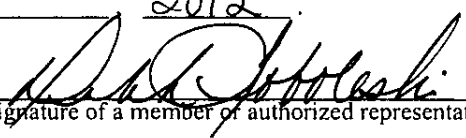
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOUGLAS SARRAZINE	3000 Scott Street Des Plaines, IL 60018	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JAMES W. SOBELESKI	3000 Scott Street Des Plaines, IL 60018	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BENJAMIN L. KADISH	3000 Scott Street Des Plaines, IL 60018	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DEBORAH SOBELESKI	3000 Scott Street Des Plaines, IL 60018	<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.)*

Dated October 9 2012



Signature of a member or authorized representative of a member

DEBORAH SOBOLESKI

Typed or printed name of signee

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