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TALLAHASSEE, FLORIDA

MAR 16 2015

T. BROWN

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mayport Partners 2, 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:

Erin Peters / Jeff Klotz
Name of Person

The Klotz Group of Companies
Firm/Company

645 Mayport Rd. St. 5
Address

Atlantic Beach, FL 32233
City/State and Zip Code

JKlotz@amvestar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Peters at (904) 247-5334 ext 309
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
15 MAR -2 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mayport Partners 2, 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 03/13/2007 and assigned
Florida document number LD7000027710.

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)

645 Mayport Rd. St. 5

Atlantic Beach FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

645 Mayport Rd. St. 5

Atlantic Beach FL 32233

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:

JEFF D. KLOTZ

New Registered Office Address:

645 Mayport Rd. St. 5

Enter Florida street address

Atlantic Beach

City

, Florida

32233

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.

Jeff D. Klotz
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>	<u>Address</u>	<u>Type of Action</u>
<u>Mgrm</u>	<u>Alan Dickinson</u>	<u>P.O. Box 3377</u>	<input type="checkbox"/> Add
		<u>Ponte Vedra Beach, Fl</u>	<input checked="" type="checkbox"/> Remove
		<u>32004</u>	
<u>mgrm</u>	<u>William Collins</u>	<u>P. O. Box 3377</u>	<input type="checkbox"/> Add
		<u>Ponte Vedra Beach, Fl</u>	<input checked="" type="checkbox"/> Remove
		<u>32004</u>	
<u>MGR</u>	<u>Jeff Klotz</u>	<u>1045 Mayport Rd. St. 5</u>	<input checked="" type="checkbox"/> Add
		<u>Atlantic Beach Fl 32233</u>	<input type="checkbox"/> Remove
			<input 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.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 24, 2015.

Signature of a member or authorized representative of a member

JEFF KLOTZ
Typed or printed name of signee