

L07000095851

(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



000292291350

11/15/16--01006--011 **30.00

RECEIVED
2016 NOV 14 PM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 NOV 14 P 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 15 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Oakwell Companies, 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:

Jonathan I. Dudley
Name of Person

Oakwell Companies, LLC
Firm/Company

2931 Plummer Cove Road
Address

Jacksonville, Florida 32223
City/State and Zip Code

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

For further information concerning this matter, please call:

Jonathan Dudley at (904) 614-4805
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Dakwell Companies, 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 September 19, 2009 and assigned
Florida document number L07000095851.

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 contain 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)

2931 Plummer Cove Road
Jacksonville, FL 32223

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2931 Plummer Cove Road
Jacksonville, FL 32223

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:

Jonathan I. Dudley

New Registered Office Address:

249 Sparrow Branch Circle

Enter Florida street address

St. Johns

City

, Florida 32259

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.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	James M. Smeak	12158 Mandarin Road	<input type="checkbox"/> Add
		Jacksonville, FL 32223	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jonathan I. Dudley	249 Sparrow Branch Circle	<input checked="" type="checkbox"/> Add
		St. Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Linda D. Smoak	12158 Mandarin Road	<input type="checkbox"/> Add
		Jacksonville, FL 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 NOV 14 P 2:11
SECRETARY OF STATE
TAMM L. S. S. F. FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: November 1, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 27, 2016

Signature of a member or authorized representative

Jonathan I. Dudley
Typed or printed name of signer

FILED
2015 NOV 14 P 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA