

L0700001264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

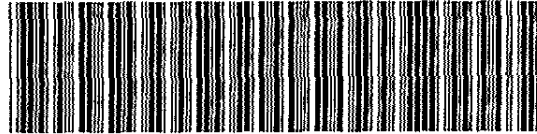
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teri Pines, 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:

Sheree Katzman

(Name of Person)

Ascot Development

(Firm/Company)

1000 NW 17th. Avenue

(Address)

Delray Beach, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Sheree Katzman

(Name of Person)

at (561) 494-7554

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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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**

Teri Pines, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on October 4, 2007 and assigned document number L07000101264.

SECOND: This amendment is submitted to amend the following:

Change name of LLC to: Perry Pines, LLC

Change name of Registered Agent to: Steven Caster

(See attached acceptance of appointment as registered agent signed by new registered agent.)

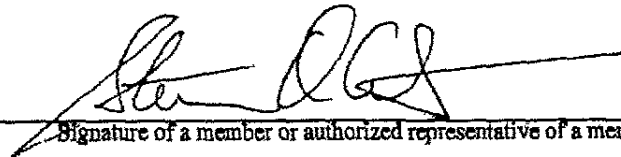
Change address of Registered Agent to:

950 Jefferson Street

Hollywood, FL 33019

Change phone number of Registered Agent to: (305) 761-7979

Dated October 5, 2007.



Signature of a member or authorized representative of a member

Steven Caster

Typed or printed name of signee

Filing Fee: \$25.00

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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.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (8/05)

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