

L08000000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

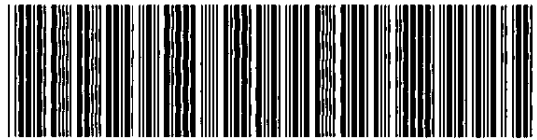
(Business Entity Name)

(Document Number)

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02/13/09--01016--020 **25.00

FILED
2009 FEB 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
FEB 24 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE CITY REFERRAL REALTY, PL
(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:

JOSEPH SPECTOR
(Name of Person)

LAKE CITY REFERRAL REALTY, PL
(Firm/Company)

4812 W. US. HWY 90
(Address)

LAKE CITY, FL. 32055
(City/State and Zip Code)

For further information concerning this matter, please call:

JOE SPECTOR at (386) 754-0800
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

JOSEPH SPECTOR
LAKE CITY REFERRAL REALTY, PL
4812 W. US HWY 90
LAKE CITY, FL 32055

SUBJECT: LAKE CITY REFERRAL REALTY PL
Ref. Number: L08000000560

We have received your document for LAKE CITY REFERRAL REALTY PL and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 009A00005436

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE CITY REFERRAL REALTY, PL
(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:

JOSEPH SPECTOR
(Name of Person)

LAKE CITY REFERRAL REALTY, PL
(Firm/Company)

4812 W. US HWY 90
(Address)

LAKE CITY, FL 32055
(City/State and Zip Code)

For further information concerning this matter, please call:

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|---|--|--|--|

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2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2009 FEB 23 PM 12:39

LAKE CITY REFERRAL REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/02/08 and assigned
Florida document number L0800000560.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FOR SALE - BY US, PL

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)

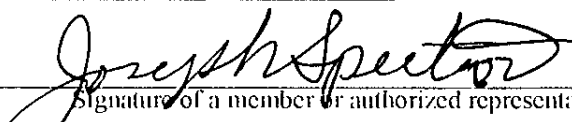
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated _____,


Signature of a member or authorized representative of a member
JOSEPH SPECTOR
Typed or printed name of signee

2009 FEB 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED