## 109000034434

(Requestor's Name)
(Address)
(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



300266491423

11/18/14--01017--012 \*\*25.00

2014 NOV 18 PH 1: 05

DEC O 12014

## **COVER LETTER**

TO: Registration Section  Division of Corporations	
SUBJECT: 29:11 Developr (Name of Limited Liability C	
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
James J Dung (Name of Pers	shoon)
(Firm/Compa	ny)
1707 RyGA (Address)	Drive
Lutz 7L	33549
(City/State and Zi	p Code)
For further information concerning this matter, please call:	2014 M
Molly Dunphy at (8) (Name of Person) (An	3 GOG 9815 So a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certifi	of Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registration Section Re	rect/Conrier Address ogistration Section vision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

29	: 11 Develop	Onest, -	Inc
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now apportal Limited Liability Company)		
The Articles of Organization for this Limited Liability (Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3-7-08	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company h	ere:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the	e designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADD	RESS)		
			· # 6
Enter new mailing address, if applicable:		٠	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
	بر 		
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
- · · · - <del>-</del>	Enter Flo	rida street address	
	777	, Florid	
	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title Name Address Type of Action** NGR \_□ Add ☐ Remove □ Add ☐ Remove Remove 1: 06 □ Add ☐ Remove \_□ Add □ Remove

. ,	
	date, if other than the date of filing: (optional)
ectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ectiv	
fectiv te thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
fectiv te thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
fectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)  11-3  7014
ectiv e thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
ctiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)  11-3  7014
ectiv e thi	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

2014 NOV 18 PM 1:06