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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000037
Phone : (850) 973-4186
Fax Number : (850) 973-8564

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE PLANTATION ON SUMMERS, LLC

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TALLAHASSEE, FLORIDA

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MAR 13 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

((H17000067720 3)))

SUBJECT: THE PLANTATION ON SUMMERS, 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:

GERALD M. SMITH

Name of Person

THE PLANTATION ON SUMMERS, LLC

Firm/Company

147 SW SUMMERS LANE

Address

LAKE CITY, FLORIDA 32025

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD M. SMITH

Name of Person

at (386)

Area Code

984-0798

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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H17000067720 3)))

THE PLANTATION ON SUMMERS, 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 MARCH 10, 2008 and assigned
Florida document number L08000025025.

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)

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SORENSEN & SMITH LLC	462 SW BEN OAKS CT	<input checked="" type="checkbox"/> Add
		LAKE CITY, FLORIDA 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	MICHAEL J. BAY	147 SW SUMMERS LANE	<input checked="" type="checkbox"/> Add
		LAKE CITY, FLORIDA 32025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	SORENSEN & SMITH LLC	462 SW BEN OAKS CT	<input checked="" type="checkbox"/> Add
		LAKE CITY, FLORIDA 32024	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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.

Dated 3/10 2017

Gerald M. Snow

Signature of a member or authorized representative of a member

GERALD M. MILTON, as Managing Member of SORENSEN & SMITH, LLC

Typed or printed name of signee

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