

L08000060358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

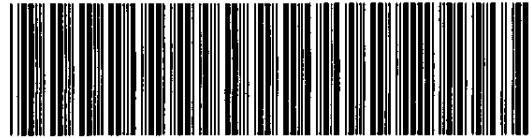
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JAN 17 2012

EXAMINER



000218070290

01/13/12--01029--017 **25.00

FILED
12 JAN 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK SALES AND LEASING, 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:

JAMIE CLEMONS

Name of Person

LANDMARK SALES AND LEASING, LLC

Firm/Company

7217 GULF BLVD. #14-103

Address

ST. PETE BEACH, FL 33706

City/State and Zip Code

jamiemc@tampabay.rr.com

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

For further information concerning this matter, please call:

Jamie Clemons

Name of Person

at (727)

289-4160

Area Code & 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

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

LANDMARK SALES AND LEASING, 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 06/19/2008 and assigned
Florida document number L08000060358.

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 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)

7217 GULF BLVD. #14-103

ST.PETE BEACH, FL 33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7217 GULF BLVD. #14-103

ST.PETE BEACH, FL 33706

FILED
12 JAN 18 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

TYLER S. WOLAS

New Registered Office Address:

880 MANDALAY AVE 713-C

Enter Florida street address

CLEARWATER

, Florida

33767

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.

[Signature]
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:

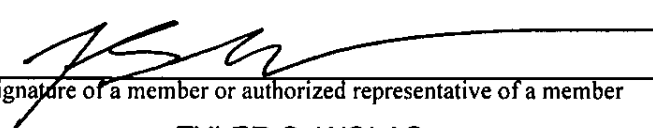
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	HESPER CLAYBROOK	1100 3rd Ave. N.E. Jacksonville, FL 36265	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JAMIE CLEMONS	4991 Bacopa Lane S. # 403 St. Petersburg, FL 33715	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	BRENTON CLEMONS	4991 Bacopa Lane S. # 403 St. Petersburg, FL 33715	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JANUARY 10, 2012



Signature of a member or authorized representative of a member

TYLER S. WOLAS

Typed or printed name of signee