

LOS00009US66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

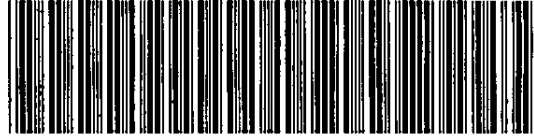
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05/16/16--01014--001 \*\*25.00

2016 JUN 13 P 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S Warren

JUN 15 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 17, 2016

R. SETH MANN, ESQ.  
38109 PASCO AVENUE  
DADE CITY, FL 33525

SUBJECT: JJMWB-2 LLC  
Ref. Number: L08000090566

We have received your document for JJMWB-2 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return 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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 916A00010443

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JJMWB-2 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:

R. Seth Mann, Esq.

\_\_\_\_\_  
Name of Person

R. Seth Mann, P.A.

\_\_\_\_\_  
Firm/Company

38109 Pasco Avenue

\_\_\_\_\_  
Address

Dade City, FL 33525

\_\_\_\_\_  
City/State and Zip Code

seth@sethmannlaw.com

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

For further information concerning this matter, please call:

R. Seth Mann, Esq.

\_\_\_\_\_  
Name of Person

352 567-5010

at (\_\_\_\_\_) \_\_\_\_\_

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**

JJMWB-2 LLC

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

**FILED**  
2015 JUN 13 P 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/23/2008 and assigned  
Florida document number L08000090566.

This amendment is submitted to amend the following:

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

Hamilton North, LLC

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)**

c/o Donna DeLong

37912 Church Avenue

Dade City, FL 33525

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

Post Office Box 839

Dade City, FL 33526

**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:

Donna DeLong

New Registered Office Address:

37912 Church Avenue

*Enter Florida street address*

Dade City

, Florida 33525

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Donna DeLong	Post Office Box 839	<input checked="" type="checkbox"/> Add
		Dade City, FL 33526	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Margaret W. Bushell	21309 Kettering Road	<input type="checkbox"/> Add
		Dade City, FL 33523	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	John J. Bushell	21309 Kettering Road	<input type="checkbox"/> Add
		Dade City, FL 33523	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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2016 JUN 13 P 5:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

[illegible]

**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.

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2015 JUN 13 P 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA