

LD 8000109198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

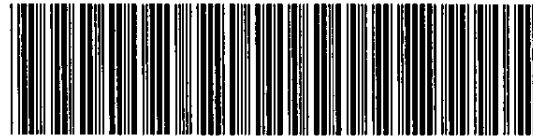
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/12--01015--022 **90.00

APPROVED
AND
FILED
12 AUG -9 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 10 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2012

STEVEN COHEN
902 CLINT MOORE ROAD, STE 110
BOCA RATON, FL 33487

SUBJECT: A&N REALTY, LLC
Ref. Number: L08000109198

We have received your document for A&N REALTY, LLC and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 412A00019176

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A&N REALTY 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:

STEVEN F. COHEN
Name of Person
A&N REALTY LLC
Firm/Company
902 CLINT MOORE RD; STE 110
Address
BOCA RATON FL 33487
City/State and Zip Code
communityconcept@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN COHEN at (561) 982-8633
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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AND
FILED

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**

A&N REALTY 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 _____ and assigned
Florida document number L08000109198.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

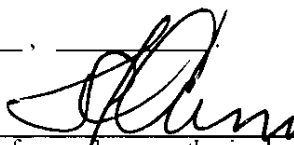
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BONNIE PARTON	902 CLINT MOORE RD. SUITE 110 BOCA RATON, FL 33487	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
*MGRM	STEVEN COHEN	902 CLINT MOORE RD. SUITE 110 BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
*(CHANGE IN STATUS)			
			<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.)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member

STEVEN F. COHEN

Typed or printed name of signee