

L080000109530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

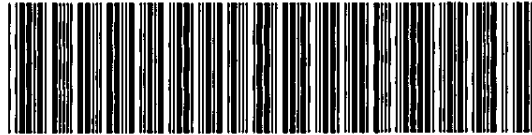
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 2:26

TO: Registration Section
Division of Corporations

SUBJECT: Sullivan Land Group 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:

Lise S. Ode

Name of Person

Sullivan Land Group LLC

Firm/Company

169 Ellis Rd.

Address

Monticello, FL 32344

City/State and Zip Code

liseode@att.net

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

For further information concerning this matter, please call:

Lise S. Ode

Name of Person

at (561) 414-4118

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

10
**ARTICLES OF ORGANIZATION
OF**

Sullivan Land Group 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 Nov. 26, 2008 and assigned
Florida document number L08000109530.

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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)

169 Ellis Rd.

Monticello, FL

32344

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

169 Ellis Rd.

Monticello, FL

32344

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:

Lise S. Ode

New Registered Office Address:

169 Ellis Rd.

Enter Florida street address

Monticello

City

, Florida

32344

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.

Lise S. Ode

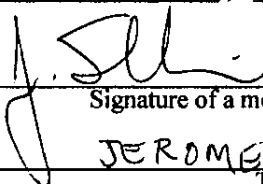
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Jerome L. Sullivan III	4475 Old Bear Run Winter Park, FL 32792	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Lize S. Ode	169 Ellis Rd. Monticello, FL 32344	<input checked="" type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 1-31-12



Signature of a member or authorized representative of a member

JEROME L. SULLIVAN

Typed or printed name of signee

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