## L09000024769

(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phon	e #)
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B. BOSTICK

JAN 3 = 2014

## **COVER LETTER**

SUBJECT: 670 C	GC PKWY, LL	С		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Larry Capple	eman		
		Name of Person		
		Firm/Company	<u> </u>	
	P.O. Box 77	1583		
		Address		
	Winter Gard	len, Fl 34777		
		City/State and Zip Code	<del></del>	
	larrycappleman@			- 1
		to be used for future annual report notifi	cation)	2014 JAN
_	oncerning this matter, please c			
Larry Capp	leman	407 <sub>,</sub> 656-22	211 Sgr.	20
Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:		0×10/	6: 6:
■ \$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 Sta Certified Copy (additional copy is ea	atus &

**MAILING ADDRESS:** 

Registration Section . Division of Corporations

TO:

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

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) sany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L09000024769</u> .	on 03/12/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	Za La
Enter new mailing address, if applicable:	29 SS
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered office addres	ss on our records, enter the name of the r
egistered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	er Florida street address
Dine	. Florida

## New Registered Agent's Signature, if changing Registered Agent:

670 GC PKWY LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Timothy M Keating	802 Tildenville School Roa	<b>d</b> _□ Add
		Winter Garden, Fl 3478	7_■ Remove
MGR	Christopher M. Lee	156 Roper Drive	<b>■</b> Add
		Winter Garden, FI 3478	<b>7</b> _□ Remove
		<u> </u>	
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tive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more te this document is filed by the Florida Department of State)	(optional) re than 90 days after
January 27 2014	
Laurence & Canal	
	nember
Signature of a member of authorized representative of a representa	

Typed or printed hame or organic

Page 3 of 3

Filing Fee: \$25.00