12900026152

	•
(Requestor's Name)	,
(Address)	
(Address)	,
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Dunings Fakk, Nova)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
	,

Office Use Only

G. MCLEOD

APR 28 2009

EXAMINER



500152331125

04/27/09--01029--021 **25.00

09 APR 27 PM 4: 24

COVER LETTER

" Registration Section **Division of Corporations**

NOT WHILE SHE POLICEME

A BOOK TO THE STATE OF

SUBJECT: WEST 11TH STREET 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: JONATHAN M. SMITH (Name of Person) NAUGLE & SMITH, P.L. (Firm/Company) 810 Margaret Street (Address) Jacksonville FL 32204 (City/State and Zip Code) For further information concerning this matter, please call: Jonathan M. Smith (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ☑ \$25.00 Filing Fee □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEST 11TH STREET LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.		
·	***			
The Articles of Organization for this Limited Liability Compar	y were filed on MARCH	17, 2009	_ and ass	igned
Florida document number L09000026152				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
,				
The new name must be distinguishable and end with the words "Lin	nited Liability Company,"	the designation "LLC	C" or the a	ıbbreviatio
L.L.C."		-		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				۸ID
			9 A	338
			20	26
Enter new mailing address, if applicable:			27	555 555
· · · · · · · · · · · · · · · · · · ·		·_····	P	202
Mailing address MAY BE A POST OFFICE BOX)				<u> </u>
•	`		<u> </u>	
B. If amending the registered agent and/or registered	office address on our i	records, enter the	name o	f the nev
registered agent and/or the new registered office address he		, 		
Name of New Registered Agent:			,	
New Registered Office Address:				
	(Enter Florida street ac			
		, Florida		
	(City)		(Zip Cod	<u>'e)</u>

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

MGR = Manager

MGRM = Managing Member Type of Action **Address** Title Name 1 T. MARK RIECHMANN MGR 2970 St. Johns Avenue #7F ___ Add Jacksonville, FL 32205 Remove Add Remove 🗖 Remove □ Add Remove ☐ Remove Add **Remove** D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The MGR's name was misspelled in the Articles. This Amendment is only for the purpose or correcting the misspelling. Dated April 23 Signature of a member or authorized representative Jonathan M. Smith Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00