L09000033817

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800280062548

01/25/16--01029--026 **30.00

2016 FEB -8 P 3 18

FEB 0 9 2016

3 MASON



Division of Corporations

January 26, 2016

BARBARA A. DENSMORE 25 BAY DRIVE NE FORT WALTON BEACH, FL 32548

SUBJECT: DENSMORE-KLINE PROPERTIES LLC

Ref. Number: L09000033817

We have received your document for DENSMORE-KLINE PROPERTIES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L14000041502 MAR DE AZUL, LLC.

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 Mason Regulatory Specialist II

Letter Number: 216A00001707

COVER LETTER

TO:	Registration Section Division of Corpo			2016 FFR
SUBJI	ECT:		KLINE, LLC nited Liability Company	2016 FEB -8 PM 1:04 TALLAHASSEE STATE STAT
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	Still ON 10,1
Please	return all correspond	ence concerning this matter	to the following:	
		Barbar	A Densmo	ore.
			Firm/Company	
		119 Bob	Sikes Blvd,	OFFICE
		Fort W	City/State and Zip Code	, FL 32547
		bentlev E-mail address:	ypara and zip cout	COY notification)
For fur	ther information con-	cerning this matter, please o	eall:	
·	Barbara Name of Po	A Densmor	e at (<u>850</u>) <u>24</u> Area Code Day	time Telephone Number
Enclos	ed is a check for the	following amount: AU	READY PAID	
□ \$2.	5.00 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

TO ARTICLES OF ORGANIZATION OF

20

....

Densmore-Kline Properties LLC				FEB T
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our recor	<u>ds.) % = </u>	1
The Articles of Organization for this Limited L Florida document number L09000033817	•.		TARY'OF STATE ASSEE, FLORIDA	U and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Densmore-Kline Properties LLC			. ,	
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LL	C" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		25 Bay Drive NE	ř	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Fort Walton Beach Fl 32548		
		25 Bay Drive NE Fort Walton Beach Fl 32548		
Name of New Registered Agent:	Barbara A Dens	smore		
New Registered Office Address:	25 Bay Drive N	IE .		
		Enter Florida street addre	33	
Fort Wal		ach _ FI	lorida ³²⁵⁴	18
		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

vi Temoveu ii om oui Tecorus.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ted W Densmore	25 Bay Dr NE FWB FI 32548	Add
			□ Remove
`		·	☐ Change
МЕМВ	Barbara A Densmore	25 Bay Dr NE FWB FI 32548	□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			
		**************************************	□ Remove
		<u> </u>	☐ Change
		 	Add
			Remove
			SFE F OF STATE OF STA

E. Effective date, if other than the date of filing:(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 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.)(b) e
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.	
Dated February 2, 2016. Signature of a member or authorized representative of a member.	
Signature of a memory of authorized representative of a memory	
barbara A Densmore - m	
Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00