

L09000076975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

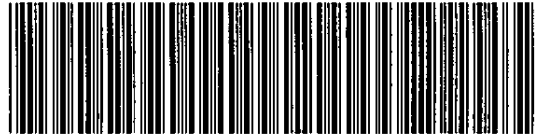
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100159684551

08/24/09--01054--010 **25.00

FILED
09 AUG 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 25 2009

EXAMINER

TELEPHONE (386) 252-6408
FAX (386) 255-9068

LAWRENCE W. BURNS, P.A.
Attorney at Law

412 NORTH HALIFAX AVENUE, DAYTONA BEACH, FLORIDA 32118

August 21, 2009

VIA: FEDEX

FILED
09 AUG 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Campus View Condo, LLC

Dear Sir/Madam:

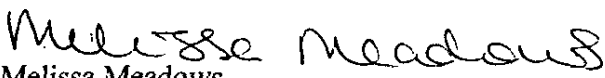
Enclosed please find original and copy of Articles of Amendment to Articles of Organization with reference to the above limited liability company for filing.

I also enclose check in the amount of \$25.00 which represents the filing fee.

If same are in order please file and return one copy to the undersigned at your earliest convenience.

Thank you for your assistance and cooperation in this matter.

Yours very truly,


Melissa Meadows
Legal Assistant

Enclosures: per above

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Campus View Condo, 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:

Lawrence W. Borns, Esq.

Name of Person

Lawrence W. Borns, P.A.

Firm/Company

412 N. Halifax Avenue

Address

Daytona Beach, FL 32118

City/State and Zip Code

lwborns@bellsouth.net

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

For further information concerning this matter, please call:

Lawrence W. Borns, Esq.

Name of Person

at (386)

252-6408

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

FILED
09 AUG 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
09 AUG 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Campus View Condo, 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 August 10, 2009 and assigned
Florida document number L09000076975.

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)

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:

Shirin Vaghaiwalla

New Registered Office Address:

447 N. Beach Street

Enter Florida street address

Ormond Beach

Florida

32174

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:

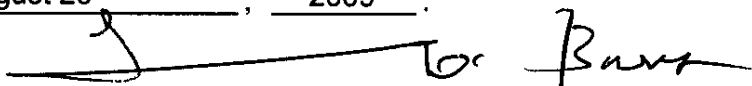
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shirin Vaghaiwalla Revocable Living Trust	447 N. Beach Street Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Minoo R. Vaghaiwalla	447 N. Beach Street Ormond Beach, FL 32174	<input 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.)

09 AUG 24 PM 3:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32310

Dated August 20, 2009.



Signature of a member or authorized representative of a member

Lawrence W. Borns, Esq., attorney for Minoo and Shirin Vaghaiwalla

Typed or printed name of signee