

L09000103168

(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:

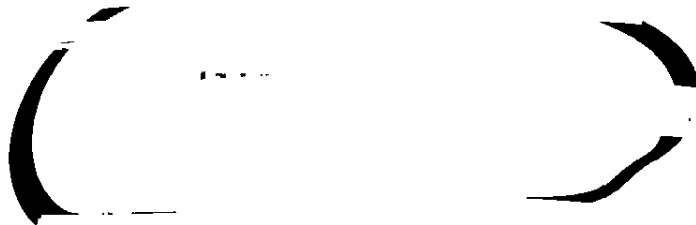
N

Office Use Only



300222406643

300222406643
02/20/12--01058--003 **25.00



B. KOHR
APR 25 2012
EXAMINER

B. KOHR
APR 25 2012
EXAMINER

B. KOHR
APR 25 2012
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 1:17



LONDON L. BATES LAW, P.A.

February 17, 2012

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 11:17 PM

Re: Sponaugle Wellness Institute at Coalson Plantation, LLC
Document Number L09000103168
Articles of Amendment

Dear Sir/Madam:

Enclosed for filing are Articles of Amendment of Sponaugle Wellness Institute at the Coalson Plantation, LLC, changing the name of the company to South Eden Plantation, LLC.

I have also enclosed a check in the amount of \$25.00 for the filing fee.

Thank you for your attention to the matter set forth herein.

Very truly yours,

London L. Bates

LLB:cak
Enclosures

Attorney-at-Law • Florida Supreme Court Certified Mediator • Certified Public Accountant

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sponaugle Wellness Institute at the Coalson Plantation, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 1:17

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

London L. Bates

Name of Person

London L. Bates Law, P.A

Firm/Company

P. O. Box 1213

Address

Dunedin, FL 34697

City/State and Zip Code

london@londonbateslaw.com

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

For further information concerning this matter, please call:

London L. Bates

Name of Person

at (727)

734-8700

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 20 PM 1:17

Sponaugle Wellness Institute at the Coalson Plantation, 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 October 26, 2009 and assigned
Florida document number L09000103168.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

South Eden Plantation, LLC

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)

717 Broadway

Dunedin, FL 34698

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P. O. Box 1213

Dunedin, FL 34697

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:

London L. Bates, Esquire

New Registered Office Address:

717 Broadway

Enter Florida street address

Dunedin

Florida

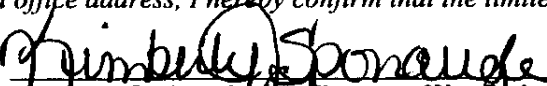
34698

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>
MGR	Marvin L. Sponaugle	1245 Court Street, Suite 102 Clearwater, FL 33756	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Kimberly J. Sponaugle	P. O. Box 1213 Dunedin, FL 34697	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 2-15, 2012

Kimberly J. Sponaugle
Signature of a member or authorized representative of a member
Kimberly J. Sponaugle
Typed or printed name of signee