

L100000034267

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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JAN 28 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 829 FLEMING 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:

JOHN S. BOHATCH, ESQ.

Name of Person

GUTTENMACHER & BOHATCH, P.A.

Firm/Company

7301 SW 57TH COURT, SUITE 560

Address

SOUTH MIAMI, FLORIDA 33143

City/State and Zip Code

LAW@GBTAXLAW.COM

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

For further information concerning this matter, please call:

JOHN S. BOHATCH, ESQ.

Name of Person

at ( 305 )

666-1040

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**

**829 FLEMING STREET, 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 MARCH 29, 2010 and assigned Florida document number L10000034267.

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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	John S. Bohatch	7301 SW 57TH COURT, SUITE 560 SOUTH MIAMI, FLORIDA 33143	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jack D. Niles	2432 FLAGLER AVENUE KEY WEST, FLORIDA 33040	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Jack D. Niles, as Trustee of The Deborah D. Schoneck Special Needs Trust u/t/d 09/13/2010	2432 Flagler Avenue Key West, Florida 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cynthia Dean	86 Sirius Lane Key West, Florida 33040	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Ray Allen Schoneck, Jr.	#4 Azalea Drive Key West, Florida 33040	<input checked="" 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.)*

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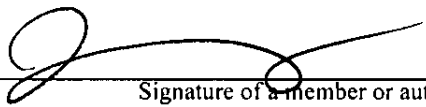


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Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 JACK D. NILES, JR.  
 \_\_\_\_\_  
 Typed or printed name of signee