

07/06/2016 07:31 FAX

7/6/2016

Division of Corporations

L10000037577

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: geoff@deloachplanning.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -6 AM 7:50

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2016 JUL -6 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1220 EAST STORY ROAD, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

K. SALY
EXAMINER

JUL -7

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

1220 EAST STORY ROAD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 04/07/2010 and assigned
Florida document number L10000037577

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 contain 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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth M. Kelly, Sr.	12536 Butler Bny Court	<input type="checkbox"/> Add
		Windermere, Florida 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth M. Kelly, Jr.	4948 Lake Pickett Drive	<input checked="" type="checkbox"/> Add
		Groveland, Florida 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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