4100000 48227

(Requesto	r's Name)
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. (Address)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. Burch FEB 1:9 2015

TO:

Registration Section

COVER LETTER

Division o	orporations	
4552 SUBJECT:	NTARIO LLC	
	Name of Limited Liability Company	
The enclosed Articl	of Amendment and fee(s) are submitted for filing.	
Please return all con	pondence concerning this matter to the following:	
•	DANIEL J LUNDSTROM	
	Name of Person	
	4552 ONTARIO LLC	
	Firm/Company	
	3271 SE FAIRWAY W	
	Address	
	STUART, FL 34997	
	City/State and Zip Code	
	dan@yourdeveloper.us	
	E-mail address: (to be used for future annual report notification)	
For further informa	concerning this matter, please call:	
DANIEL J LUI	STROM 772 201-4667	
N	e of Person Area Code Daytime Telephone Nu	mber
Enclosed is a check	the following amount:	
■ \$25.00 Filing F	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & ified Copy tional 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

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-	J	_	$\mathbf{\mathcal{L}}$				~	_	_	_

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

Name of New Registered Agent: New Registered Office Address: DANIEL J LUNDSTROM	The Articles of Organization for this Limited L Florida document number L10000048227	iability Company	were filed on MAY 5, 201	0 and assigned
12 SE CAYUGA TERR LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: DANIEL J LUNDSTROM New Registered Office Address: STUART Florida STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART STUART ST	This amendment is submitted to amend the foll	owing:		
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: DANIEL J LUNDSTROM	A. If amending name, enter the new name o	f the limited liab	oility company here:	
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: DANIEL J LUNDSTROM	12 SE CAYUGA TERR LLC			
STUART, FL 34997 STUART, FL	The new name must be distinguishable and end with the	words "Limited Liab	oility Company," the designation "l	LLC" or the abbreviation "L.L.C."
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: DANIEL J LUNDSTROM New Registered Office Address: STUART Florida street address	Enter new principal offices address, if applic	able:	3271 SE FAIRWAY V	٧
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: DANIEL J LUNDSTROM	• • • • • • • • • • • • • • • • • • • •		STUART, FL 34997	mud mad
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: DANIEL J LUNDSTROM				
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: DANIEL J LUNDSTROM				£2 5 1
Mailing address MAY BE A POST OFFICE BOX STUART, FL 34997 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: DANIEL J LUNDSTROM	Enter new mailing address, if applicable:		3271 SE FAIRWAY V	5 x 3 >
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: DANIEL J LUNDSTROM	• • • • • • • • • • • • • • • • • • • •		STUART, FL 34997	
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: DANIEL J LUNDSTROM		<u> </u>		F== { / \
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: DANIEL J LUNDSTROM				
New Registered Office Address: STUART City 3271 SE FAIRWAY W Enter Florida street address STUART City 3297 Zip Code		~		ds, enter the name of the ne
Enter Florida street address STUART , Florida Zip Code	Name of New Registered Agent:	DANIEL J L	UNDSTROM	
Enter Florida street address STUART , Florida 34997 City Zip Code	New Registered Office Address:	3271 SE F/	AIRWAY W	
City Zip Code	110 W TREE STATE OF TREE TRANSPOSS.	Enter Florida street address		ress
City Zip Code		STUART	.1	Florida 34997
			City	
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing	Registered Agent:	1	

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 Agen

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DANIEL J LUNDSTROM	3271 SE FAIRWAY W	■ Add
		STUART, FL 34997	_☐ Remove
·			
			☐ Remove
			TALL SECTION
			Remove
			H I O O O O O O O O O O O O O O O O O O
			Remove
			□ Add
			□ Remove
			Add
			□ Remove

D. If amending any other in	Iformation, enter change(s) here: (Attach additional sheets, if necession	ary.)
E. Effective date, if other the (The effective date must be specthed date this document is filed Dated	ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State) 2015 When the Florida Department of State (Control of State)	al) r
	Signature of a member or authorized/representative of a member Typed or printed name of signee	15 FEB 12 PM 4: 06 SECRETARY OF STATE TALL AHASSEE, FLORID

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Filing Fee: \$25.00