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MO 6 William

COVER LETTER

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TO: Registration S Division of Co			
28 SE SUBJECT:	ERIE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub condence concerning this matter	_	
	DANIEL J LUNDST	ROM	
		Name of Person	**************************************
	67 SE TIOGA PLAC	CE LLC	
	<u> </u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3271 SE FAIRWAY	W	2 TO -5
	1./ 	Address	45
	STUART, FLORIDA	34997	ASSE &
	dan@yourdeveloper	City/State and Zip Code	ication)
		to be used for future annual report notif	ication)
For further information	concerning this matter, please of	·	
DANIEL J LUNDS	STROM	772 201-4667	
Name	of Person	· · · · · · · · · · · · · · · · · · ·	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)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

. .

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

28 SE ERIE LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number Ll0000078851	
This amendment is submitted to amend the following:	illity company here:
A. If amending name, enter the new name of the limited liab	ility company here:
67 SE TIOGA PLACE LLC	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3271 SE FAIRWAY W
(Principal office address MUST BE A STREET ADDRESS)	STUART, FL 34997
	USA 📆 💍
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lines 1 iostau street aaaress
	, Florida
	LID LODE

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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove _□ Add ☐ Remove ☐ Remove ☐ Remove _ Add □ Remove

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tive date, if other than the fective date must be specific, of the this document is filed by the	the date of filing:(options cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
te this document is filed by the	the date of filing:(options cannot be prior to date of receipt or filed date and cannot be more than 90 days after the Florida Department of State)
te this document is filed by the	e Florida Department of State)
tive date, if other than a fective date must be specific, of the this document is filed by the NOVEMBER 2 DANIEL J LUNI	Signature of a member of authorized representative of a member

Page 3 of 3

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