

L16000096945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

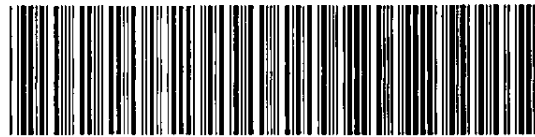
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 30 2015  
J. Stivers

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Luke, May, Loh 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:

Vern Vorst  
Name of Person  
Luke, May, Loh LLC  
Firm/Company  
434 Charles Pinckney St.  
Address  
Orange Park, FL 32073  
City/State and Zip Code  
Vorst@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vern Vorst at 904 463-0620  
Name of Person 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**

Luke, Macey, Lohs 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 9/16/10 and assigned Florida document number L10000096749

This amendment is submitted to amend the following:

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

N/A

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)

434 Charles Pinckney St.  
Orange Park, FL 32073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

434 Charles Pinckney St.  
Orange Park, FL 32073

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:

Vern Vorst

New Registered Office Address:

434 Charles Pinckney St.

Enter Florida street address

Orange Park

City

Florida

32073

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.

Vern Vorst

**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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

MGR

# Vennvorst

434 Charles P. McKinley St. Add

Orange Park, FL 32073 ☐ Remove

MLK

Carmen Dykes

22 Oct 91. ☐ Add

St. Augustine, FL 32084 ~~Remove~~

☐ Add☐ Remove☐ Add☒ Remove

**Q Add**

☐ Remove

 Add

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

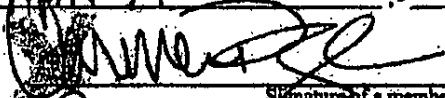
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(This effective date must be specific, cannot be prior to date of receipt or filing date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

April 17, 2015



Signature of a member or authorized representative of a member

Cernan Dykes



Vern Vorst

Typed or printed name of signer

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Filing Fee: \$25.00

11:50  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA