

L10000114551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

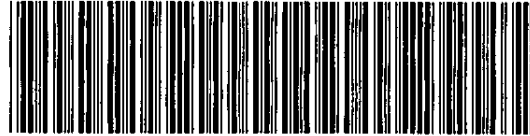
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 11 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Peachtree Jacksonville, 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 L. Soileau

Name of Person

Watson, Soileau, DeLeo, Burgett & Pickles, P.A.

Firm/Company

3490 North U.S. Highway 1

Address

Cocoa, FL 32926

City/State and Zip Code

jsoileau@brevardlawgroup.com

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

For further information concerning this matter, please call:

John L. Soileau

321 631-1550
at ()

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**

Peachtree Jacksonville, 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 11/03/2010 and assigned
Florida document number L10000114551.

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

City

Florida

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

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>
MGRM	Shah, Mahesh	402 High Point Drive, Ste 101	<input type="checkbox"/> Add
		Cocoa, FL 32926	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Shah, Summit	402 High Point Drive, Ste 101	<input type="checkbox"/> Add
		Cocoa, FL 32926	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shah, Mahesh	402 High Point Drive, Ste 101	<input checked="" type="checkbox"/> Add
		Cocoa, FL 32926	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shah, Summit	402 High Point Drive, Ste 101	<input checked="" type="checkbox"/> Add
		Cocoa, FL 32926	<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

SECRETARY
ITALIAN ASSOCIATION

06/22/2015

(optional)

15 AUG 10 PM 1:26
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2009 BY 60322
Pursuant to 605.0207
will not be listed as

Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 22, 2015

Mahesh R. Shah

Typed or printed name of signee