

L11 0000013622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

MAY 13 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 12 PM 1:51

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2011

POUYAN MOAHED
5401 SOUTH KIRKMAN ROAD
SUITE 310
ORLANDO, FL 32819

SUBJECT: TWO PIKES LLC
Ref. Number: L11000013622

FILED
2011 MAY 12 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for TWO PIKES LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The last page was missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 911A00007124

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two Pikes 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:

Pouyan Moabed
Name of Person

Two Pikes LLC
Firm/Company

5401 South Kirkman Road, Suite 310
Address

Orlando FL 32819
City/State and Zip Code

Two Pikes, LLC@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pouyan Moabed at (505) 414-4831
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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2011 MAY 12 PM 1:52

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Two Pikes 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 2-2-11 and assigned
Florida document number L11000013622

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 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)

5401 South Kirkman Road,
Suite 310
Orlando, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 South Kirkman Road,
Suite 310
Orlando FL 32819

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 608, 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.

Pavon Moaked
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

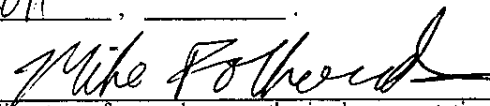
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
2011 MAY 18 PM 1:51
TALLAHASSEE FLORIDA

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

Address for our LLC to be:
5401 South Kirkman Road, Suite 310
Orlando FL 32819

Dated April 22 2011


Signature of a member or authorized representative of a member
Mike Folkers
Typed or printed name of signee