

L11000041799

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN -2 AM 8:30

FILED

J. SAULSBERRY
EXAMINER

JUN 3 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corley Island Group, 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:

Thomas Dozier

Name of Person

Corley Island Group, LLC

Firm/Company

13011 Summerlake

Address

Clermont, FL 34711

City/State and Zip Code

tomd@schmidconstruction.com

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

For further information concerning this matter, please call:

Thomas Dozier

Name of Person

at (352)

5528624

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

Corley Island Group, 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 04/07/2011 and assigned
Florida document number L11000041799.

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)

13011 Summerlake

Clermont, FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13011 Summerlake

Clermont, FL 34711

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:

Thomas Dozier

New Registered Office Address:

13011 Summerlake

Enter Florida street address

Clermont

, Florida

34711

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.


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>
MGR	Jan Hendrickx	1111 Kane Concourse, Suite 401 Bay Harbor Islands, FL 33154	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Thomas Dozier	13011 Summerlake Clermont, FL 34711	<input checked="" 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

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

Dated _____, _____.

Signature of a member or authorized representative of a member

Thomas Dozier

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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