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FILING COVER S ACCT. #FCA-23	SHEET		
CONTACT:	Kim Weiden	<u>sbach</u>	
DATE:	06/06/14		
REF. #:	9168907		
CORP. NAME: <u>SEMINOLE BOAR</u>			CTION, LLC changing its name to:
() ARTICLES OF INCO () ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT		(XX) ARTICLES OF AMENDMENT () TRADEMARK/SERVICE MARK () LIMITED PARTNERSHIP () MERGER	() ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL
() CERTIFICATE OF C	CANCELLATION	•	() WITHERATINE
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Examiner's Initials

COVER LETTER

TO: Registration Section Division of Corporations SEMINOLE DEVELOPMENT & CONSTRUCTION, 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: Marc I. Solomon, Esq. Name of Person Weiss Serota Helfman Pastoriza Cole & Boniske, P.L. Firm/Company 200 East Broward Blvd., Suite 1900 Address Ft. Lauderdale, Florida 33301 City/State and Zip Code msolomon@wsh-law.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Marc I. Solomon, Esq. Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy

> MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NT & CONSTRUCTION, I			_	
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)			
The Articles of Organization for this Limited L Florida document number 111000045722	iability Company were filed on _	04/18/2011	and a	assign	ed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liability company	<u>here</u> :			
SEMINOLE BOARD CONSTRUCTIO	N, LLC				
The new name must be distinguishable and end with the	words "Limited Liability Company," th	ne designation "LLC" or the	abbreviation	1 "L.L.C	2."
Enter new principal offices address, if applic	eable:				.
(Principal office address MUST BE A STREE	ET ADDRESS)				
			<u>* 57.</u>		
				7	34
Enter new mailing address, if applicable:			ereta e		3 h
(Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	하	17 ta - 4
			<u> </u>]].re	Stengton,
B. If amending the registered agent and	for registered office address	on our records ente	Construction of the constr	 ₹/ጋ 1601	the nev
registered agent and/or the new registered o		on our records, <u>enter</u>		ហ	<u>the ney</u>
Name of New Registered Agent:					
New Registered Office Address:	200 East Broward Boul	evard, Suite 1900			
	Enter F	lorida street address			
	Ft. Lauderdale	Florida 3	33301		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = M $AMBR = A$	fanager Authorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ Remove
			□ Add
			Remove
			□ Add
			☐ Remove
			GAdd 6
			TALLAHADEF PORIDA
			TIDA 45
			□ Remove
		-	□ Remove

). If amendin	g any other information, enter change(s) here: (Attach additional sheets, if	necessary.)
		
Effective d	nte, if other than the date of filing:(c	entional)
(The effective the date this	late must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 coordinates is filed by the Florida Department of State)	optional) lays after
_{Dated} Ju	ne 5 2014	
_	That I. A	
i	Signature of a member or authorized/dypresentative of a member of a member of authorized/dypresentative of a member of a	
_	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECTION -6 AM 8: 45