

LI1000048181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

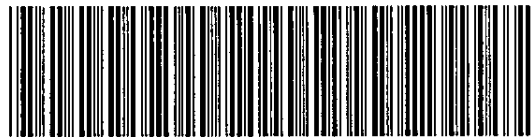
LI-48181

(Document Number)

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06/19/12--01008--020 **52.50

07/12/12--01010--006 **7.50

FILED
12 JUL 12 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUN 20 2012



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2012

AMY L. HARTMAN
385 ALHAMBRA CIRCLE-SUITE C
CORAL GABLES, FL 33134

SUBJECT: LANNES GARCIA LAND SURVEYORS AND MAPPERS, LLC
Ref. Number: L11000048181

We have received your document for LANNES GARCIA LAND SURVEYORS AND MAPPERS, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 212A00017090

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANNES GARCIA LAND SURVEYORS AND MAPPERS, 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:

AMY L. HARTMAN

Name of Person

LANNES GARCIA LAND SURVEYORS AND MAPPERS, LLC.

Firm/Company

385 ALHAMBRA CIRCLE-SUITE C

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

lannesgarcia@yahoo.com

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

For further information concerning this matter, please call:

ANTHONY L. PIETROFESA

Name of Person

at (305) 666-7909

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**

FILED
12 JUL 12 AM 9: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LANNES GARCIA LAND SURVEYORS AND MAPPERS, 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 April 23, 2011 and assigned Florida document number L11000048181.

This amendment is submitted to amend the following:

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

LANNES GARCIA MANAGEMENT LLC.

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:

NO CHANGE

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGE

(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:

SAME

New Registered Office Address:

385 ALHAMBRA CIRCLE-SUITE C

Enter Florida street address

CORAL GABLES

City

Florida

33134

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>
NO CHANGE			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NO CHANGE

Dated JUNE 29, 2012


Signature of a member or authorized representative of a member.

AMY L. HARTMAN, PRESIDENT

Typed or printed name of signee

FILED
12 JUL 12 AM 9:00
SEAL OF THE STATE
TALLAHASSEE, FLORIDA