

L11000071239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

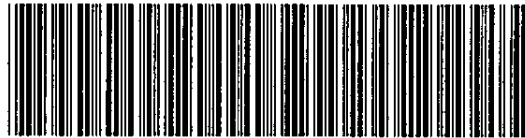
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

AUG 20 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & D Land 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:

Andrew J. Decker, IV

Name of Person

The Decker Law Firm, P.A.

Firm/Company

Post Office Box 1288

Address

Live Oak, Florida 32064

City/State and Zip Code

andrewjdecker@thedeckerlawfirm.com

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

For further information concerning this matter, please call:

Andrew J. Decker, IV

386 364-4440

Name of Person

at (_____) _____
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**

A & D Land 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 June 20, 2011 and assigned
Florida document number L11000071239.

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)

320 White Avenue SE

Live Oak, Florida 32064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 1288

Live Oak, Florida 32064

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:

Andrew J. Decker, IV

New Registered Office Address:

320 White Avenue SE

Enter Florida street address

Live Oak

, Florida 32064

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 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	Rose M. Decker	9059 129th Drive	<input type="checkbox"/> Add
		Live Oak, Florida 32060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Christopher M. Africano	4905 County Road 136A	<input type="checkbox"/> Add
		Live Oak, Florida 32060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andrew J. Decker, IV	320 White Avenue	<input checked="" type="checkbox"/> Add
		Live Oak, Florida 32064	<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

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STATE
ALABAMA
SHELBY COUNTY

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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.

[Signature]
Signature of a member

Andrew J. Decker, IV

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15 AUG 17 PM 12:42
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI OFFICE, FLORIDA