

L11 000088057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100249821661

09/23/13--01010--013 **25.00

2013 SEP 23 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
SEP 24 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fort Steuben, 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:

Robert D. GERRERO
Name of Person
Fort Steuben, LLC
Firm/Company
3015 S.E. 22nd Pl
Address
Cape Coral FL 33904
City/State and Zip Code
rgerrero@comcast.net
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert D. GERRERO at (239) 540-3625
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 23 AM 11:39

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**

Fort Steuben, 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 7/29/2011 and assigned Florida document number 11000088057.

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)

Enter new mailing address, if applicable:

(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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

MGR = Manager
MGRM = Managing Member

ALLAHABAD, INDIA

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

No

Dated

9/18/

2013

Robert D. Geronzo

Signature of a member or authorized representative of a member

Robert D. Geronzo (Managing Member), MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 23 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED