611000131517

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

TO: R

Registration Section Division of Corporations

SURJECT

Residential Elevators 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:

Erin Ennis

Name of Person

Residential Elevators LLC

Firm/Company

2910 Kerry Forest Pkwy, D4-1

Address

Tallahassee, FL 32309

City/State and Zip Code

eennis@residentialelevators.com

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

For further information concerning this matter, please call:

Erin Ennis

_{.../}850<u>,</u> 906-3056

Name of Person

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



June 24, 2014

ERIN ENNIS 2910 KERYY FOREST PKWY D4-1 TALLAHASSEE, FL 32309

SUBJECT: RESIDENTIAL ELEVATORS, LLC

Ref. Number: L11000131517

We have received your document for RESIDENTIAL ELEVATORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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.

Tim Burch Regulatory Specialist II

Letter Number: 714A00013698

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Residential Elevators LLC						
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears o orida Limited Liability Company)	n our records.)				
The Articles of Organization for this Limited Liabilit Florida document number <u>L11000131517</u>	y Company were filed on Nov	ember 18, 20	11 an	d assigned		
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 des	signation "LLC" or t	he abbrevia	tion "L.L.C."		
Enter new principal offices address, if applicable:			<u>[m.c</u>	**************************************		
(Principal office address MUST BE A STREET AD	DRESS)		1.0	:03/1877		
			(A) 15.	ည် ုံးကား		
	· · · · · · · · · · · · · · · · · · ·		F1 -	3		
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX			S.M.	în (n		
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>en</u> t	ter the n	ame of the ne		
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida	ı street address				
		. Florida				
	City	,		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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address Type o	f Actic
VP	James S. Hawley	2910 Kerry Forest Parkway	d
	D4-1 ■ Rer	move	
	Tallahassee, FL 32309		
			d
		Rer	move
		Add	±
		Control Contro	nove : "
· · ·		Maria Sin	
			.ove
		Rem	ove
		Remo	ve

. If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
Change Title of Eric M. Sharkey to Pre-	sident.
	,
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cathed this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated June 17	
Ou i O	
Signature of a member or authorized represen	ntative of a member
Erin Ennis, Vice President & Secreta	ary
Typed or printed name of sign	nee

Page 3 of 3

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Filing Fee: \$25.00