L11000131667

(Re	equestor's Name)	
(Ac	ldress)	
	idress)	
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(Ci	ty/State/Zip/Phone	· #)
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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SECRETARY OF STATE
ALLAHASSEE, FLORID

T Bush DEG 2 2014

COVER LETTER

TO:	Registration Se Division of Cor		•	
ceen in		loldings, LLC		
SUBJI	ECI;	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Iva Samost		
			Name of Person	·· ·
		Abcon Holdings, LL	С	
			Firm/Company	
		PO Box 368		
			Address	
		West Berlin, NJ 080	91	
		samprop@verizon.ne	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
Jose	ph Bernardino		856 768-3800	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	5.00 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

TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now appe	Pare on our ragards)
(isame of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company)
The Articles of Organization for this Limited L11000131667	Liability Company were filed on _	11/18/2011 and assigned
his amendment is submitted to amend the fo	llowing:	
a. If amending name, enter the new name	of the limited liability company	<u>here</u> :
he new name must be distinguishable and end with the	e words "Limited Liability Company," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	14 TABLE 14
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and	d/or registered office address o	NOV 17 PH 4: 25 AHASSEE, FLORIDA
egistered agent and/or the new registered	lva Samost	
Name of New Registered Agent:		
	14311 Nieves Circle	
Name of New Registered Agent: New Registered Office Address:		lorida street address
		lorida street address 34787 , Florida

If Changing Registered Agent, Signature of New Registered Agent

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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.

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Landcor Holdings, LLC	14311 Nieves Circle	
		Winter Garden, FL 34878	■ Remove
			Add
			Remove
			Add
			□ Remove
			Add
			□ Remove
			Remove
			Add
			□ Remove

		·
		
Effective	date, if other than the date of filing: ve date must be specific, cannot be prior to date of receipt or filed date and	(optional)
The effective the date the	ve date must be specific, cannot be prior to date of receipt or filed date and is document is filed by the Florida Department of State)	d cannot be more than 90 days after
Dated	11/4 . 2014 .	
Jaica	Jun Samust	
	Signature of a member or authorized repre	sentative of a member
	Typed or printed name of	sionee E
	Typed of printed fame of a	
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Filing Fee: \$25.00