

L11000138442

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : 120000000210
Phone : (561)713-2095
Fax Number : (561)747-4113

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1116 LOVE STREET, LLC

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K. SALY
NOV -2 2016

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COVER LETTER

((H16000269497 3)))

TO: Registration Section
Division of Corporations

SUBJECT: 1116 Love Street, 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:

Bruce Kratz, Esq.

Name of Person

Jeck, Harris, Raynor & Jones, P.A.

Firm/Company

790 Juno Ocean Walk, Ste. 600

Address

Juno Beach, FL 33408-1121

City/State and Zip Code

PJECK@JHRJPA.COM

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

For further information concerning this matter, please call:

Kristen Hnasko

at (561) 713-2084

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H16000269497 3)))

1116 Love Street, 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 12/08/2011 and assigned
Florida document number L11000138442.

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)

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 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

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If amending Authorized Person(s) authorized to
or removed from our records:

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is of each person being added

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Charles R. Modica	8985 SE Bridge Rd.	<input type="checkbox"/> Add
		Hobe Sound, FL 33455	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Charles R. Modica	8985 SE Bridge Rd.	<input checked="" type="checkbox"/> Add
		Hobe Sound, FL 33455	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Jeffrey J. Collins	8985 SE Bridge Rd.	<input checked="" type="checkbox"/> Add
		Hobe Sound, FL 33455	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October 31, 2016

Signature of a member or authorized representative of a member

Philippe Jeck, Authorized Representative

Typed or printed name of signee