

L11000140235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

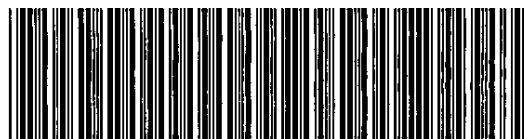
Special Instructions to Filing Officer:

RECEIVED

2017 MAY 30 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



200299627902

05/31/17--01004--023 **60.00

FILED
17 MAY 30 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUN 1 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 12550 NW 43 Lane, 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:

John D. Burger, CPA

Name of Person

Berg Faircloth

Firm/Company

44135 Woodridge Pkwy, Suite 200

Address

Leesburg, VA 20176

City/State and Zip Code

jburger@b-f-c.com

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

FILED
17 MAY 30 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Burger at (703) 821-1040

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

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

12550 NW 43 Lane, 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 December 14, 2011 and assigned Florida document number L11000140235.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

3400 NW 110th Avenue, LLC

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:

5845 NW 115th Avenue

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34482

Enter new mailing address, if applicable:

c/o Berg Faircloth

(Mailing address MAY BE A POST OFFICE BOX)

44135 Woodridge Pkwy, Suite 200

Leesburg, VA 20176

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

_____, Florida

City

Zip Code

FILED
17 MAY 30 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGR	John D. Burger	44135 Woodridge Pkwy, Suite 200	<input checked="" type="checkbox"/> Add
		Leesburg, VA 20176	<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
			<input type="checkbox"/> Add
			<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

17 MAY 20 PM 12:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

Multiple horizontal lines for amending information.

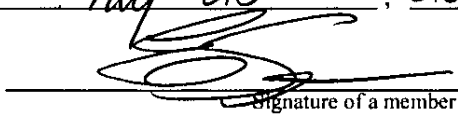
E. Effective date, if other than the date of filing: _____ (optional)

(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 May 25, 2017



Signature of a member or authorized representative of a member

Emil Spadone, III

Typed or printed name of signee

FILED
17 MAY 30 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA