

L12 000000 1603

(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:

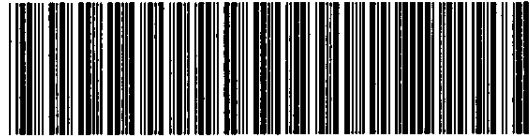
A

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APR - 5 2012

EXAMINER



400227002864

04/03/12--01013--014 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR - 3 PM 3:27

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HOLDING 127 THEOVILLE LLC
Name of Limited Liability Company

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DIVISION OF CORPORATIONS
12 APR -3 PM 3:27

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEIL NODEN

Name of Person

MYFLORIDAREGISTEREDAGENT LLC

Firm/Company

2250 LEE ROAD - STE 206

Address

WINTER PARK FL

City/State and Zip Code

NEIL.NODEN@MYTAXADVISORONLINE.COM

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

For further information concerning this matter, please call:

NEIL NODEN

Name of Person

at (631) 350 1965
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**

HOLDING 127 THEOVILLE 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 01/04/2012 and assigned
Florida document number L12000001603

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 12
PM 3:27

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)

7696 NW 47th Drive
Coral Springs FL 33067-2050

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7696 NW 47th Drive
Coral Springs FL 33067-2050

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

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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KEVIN LOURENS	7696 NW 47th Drive Coral Springs FL 33067-2050	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TERRY LOURENS	7696 NW 47th Drive Coral Springs FL 33067-2050	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KEVIN LOURENS	PO BOX 764 GALLO MANOR SANDTON ZA 2052	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TERRY LOURENS	PO BOX 764 GALLO MANOR SANDTON ZA 2052	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Please note the above MGR changes are just a change in Address

Dated March 21st 2012


 Signature of a member or authorized representative of a member

NEIL NODEN

Typed or printed name of signee