

L1200000 6366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

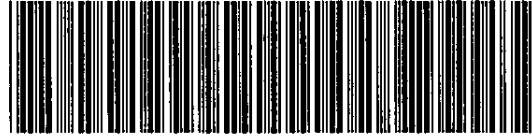
(Business Entity Name)

(Document Number)

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2016 JAN 15 PM 2:03
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FALCONER

JAN 19 2016
J. HARRIS

Gay and Gordon Attorneys, P.A.

699 First Avenue North
P.O. Box 265
St. Petersburg, Florida 33731

William W. Gay (1919-1993)
Seymour A. Gordon

TELEPHONE:
(727) 896-8111
FAX (727) 822-2234
Email: sygo96@aol.com

January 12, 2016

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **6945 US 19, LLC**
Florida Document number L12000006366

Gentlemen:

I am enclosing the following concerning the above LLC:

1. Cover letter.
2. Articles of Amendment to Articles of Organization of 6945 US 19, LLC.
3. My check payable to Florida Department of State in the amount of \$25.00.

Thank you for your assistance.

Sincerely yours,



Seymour A. Gordon

SAG:cv

Encls.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6945 US 19, 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:

Carol F. Miele
Name of Person
6945 US 19, LLC
Firm/Company
2200 Coffee Pot Boulevard N.E.
Address
St. Petersburg, FL 33704
City/State and Zip Code
carolmiele@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Seymour A. Gordon, Esquire at (727) 896-8111
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

6945 US 19, 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 01/12/2012 and assigned
Florida document number L12000006366.

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) _____

2200 Coffee Pot Boulevard N.E.
St. Petersburg, FL 33704

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:

Carol Miele

New Registered Office Address:

2200 Coffeepot Blvd N.E.

Enter Florida street address

St Petersburg

City

Florida

33704

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

210 JAN 15 PM 2:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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>
<u>MGR</u>	<u>CAROL NIELE</u>	<u>2200 Coffee Pot Blvd NE</u> <u>ST. PETERSBURG, FL 33704</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
<u>MGR</u>	<u>John Kekiles</u>	<u>11525 59 Terrace</u> <u>Seminole, FL 33772</u>	<input type="checkbox"/> Add <input checked="" 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

2016 JUN 15 PM 2:03
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06-15-2016 BY 60322 UCBAW

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled document. There is no handwriting or other markings on the page.

(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)

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.

12/21/15

Carol Miele 12/21/15 *John Kekilas* 12/15/15

Signature of a member or authorized representative of a member

CAROL MIELE John Kekilas

Typed or printed name of signer

Filing Fee: \$25.00

2016 JAN 15 PM 2:03
TALLAHASSEE FL 32303