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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 18 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LJ South Florida Company, 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:

Shawn C. Newman, Esq.

Name of Person

Law Office of Shawn C. Newman, P.A.

Firm/Company

710 N.E. 26th Street

Address

Wilton Manors, FL 33305

City/State and Zip Code

VickJoel@netzero.net

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

For further information concerning this matter, please call:

Shawn C. Newman

Name of Person

954 561-9160

at ()

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**

LJ South Florida Company 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 03/28/2012 and assigned
Florida document number L1200004319

43149

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)

11720 S.W. Bennington Circle

Port St. Lucie, FL 34987

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11720 S.W. Bennington Circle

Port St. Lucie, FL 34987

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:

Veronica A. Neto

New Registered Office Address:

11720 S.W. Bennington Circle

Enter Florida street address

Port St. Lucie

City

, Florida 34987

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>
MGRM	Veronica A. Neto	11720 S.W. Bennington Circle	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input type="checkbox"/> Remove
MGRM	Jehovah S. Neto	11720 S.W. Bennington Circle	<input checked="" type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input type="checkbox"/> Remove
MGRM	Leandro Da Silva	10618 S.W. Westlawn Blvd	<input type="checkbox"/> Add
		Port St. Lucie, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Remove

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

Dated **December 12**, **2013**



Signature of a member or authorized representative of a member

Leandro Da Silva

Typed or printed name of signee

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Filing Fee: \$25.00

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