

L12000004240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

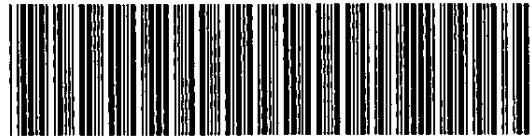
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 213 FOXTRAIL 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:

ROBERT NEADEL

Name of Person

LORD MORTGAGE

Firm/Company

6971 N FEDERAL HIGHWAY

Address

BOCA RATON, FL 33487

City/State and Zip Code

✓ info@lordmtg.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT NEADEL

Name of Person

at (561) 353-5858

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

213 FOXTRAIL 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 5/10/12 and assigned
Florida document number L12000064240

This amendment is submitted to amend the following:

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

213 FOXTRAIL, LLC

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)

4149 HAWTHILL RD N
WEST PALM BEACH, FL
33417

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4149 HAWTHILL RD N
WEST PALM BEACH, FL
33417

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:

MICHELLE MC LEAN

New Registered Office Address:

4149 HAWTHILL RD N

Enter Florida street address

W PALM BEACH, Florida 33417

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

Title	Name	Address	Type of Action
MGRM	MICHELLE MCLEAN	4149 HAWTHILL RD WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MICHELLE MCLEAN	213 FOXTAIL DR GREENACRES FL 33433	<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
			<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.)

Dated ☒

☒ 

Signature of a member or authorized representative of a member

☒ MICHELLE MCLEAN

Typed or printed name of signee

12 JUN 19 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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