

L12000094153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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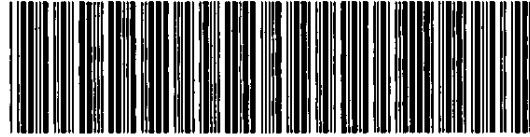
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG -3 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2204 Beau View, 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:

Stefan M. Davis

Name of Person

2204 Beau View, LLC

Firm/Company

20725 SW 46 Avenue

Address

Newberry, FL 32669

City/State and Zip Code

KimL@davisandsons.com

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

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For further information concerning this matter, please call:

Stefan M. Davis

Name of Person

at (352) 472-7773

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**

2204 Beau View, 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 July 19, 2012 and assigned Florida document number L12000094153.

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)

20725 SW 46 Avenue

Newberry, FL 32669

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as above

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:

Stefan M. Davis

New Registered Office Address:

20725 SW 46 Avenue

Enter Florida street address

Newberry

Florida

32669

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>
MGRM	David Pensabene	4840 Tallowood Way Naples, FL 34116	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Stefan M. Davis	20725 SW 46 Avenue Newberry, FL 32669	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Norita V. Davis	20725 SW 46 Avenue Newberry, FL 32669	<input checked="" 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.)

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 TALLAHASSEE, FLORIDA

Dated August 1, 2012

David Pensabene
 Signature of a member or authorized representative of a member

David Pensabene
 Typed or printed name of signee