

Division of Corporations

Page 1 of 1

L12000102630

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000201482 3)))



H120002014823ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GOLSON LEGAL, P.A.
Account Number : 120070000129
Phone : (813) 241-0900
Fax Number : (813) 241-0910

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLDE CARROLLWOOD CONDOMINIUM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
 12 AUG -9 PM 3:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED
 2012 AUG -9 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 10 2012

Electronic Filing Menu

Corporate Filing Menu

Help

(((H12000201482 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLDE CARROLLWOOD CONDOMINIUM, 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:

W. Gregory Golson

Name of Person

Golson Legal, P.A.

Firm/Company

1724 East 5th Avenue

Address

Tampa, Florida 33605

City/State and Zip Code

wgg@golsonlegal.com

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

For further information concerning this matter, please call:

W. Gregory Golson

Name of Person

at (813)

241-0900

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

(((H12000201482 3)))

2012 AUG 9 AM 8:12
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H12000201482 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

OLDE CARROLLWOOD CONDOMINIUM, 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 August 9, 2012 and assigned
 Florida document number L12000102630.

This amendment is submitted to amend the following:

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

OLDE CARROLLWOOD CONDOMINIUM, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida 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

FILED
 2012 AUG -9 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(((H12000201482 3)))

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>
			<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
			<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 August 9, 2012

W. Gregory Golson

Signature of a member or authorized representative of a member

W. Gregory Golson

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

(((H12000201482 3)))

2012 AUG -9 AM 8:12
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

FILED