

L12000109748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

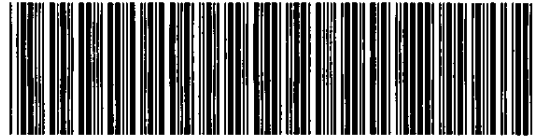
(Business Entity Name)

(Document Number)

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19 JUN 11 09:10:51
19 JUN 11 09:10:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~312 Linda Lane, LLC~~ 815 W. PENSACOLA ST., 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:

Kenneth F. Lewis

Name of Person

~~John Q. Mitchell, Inc.~~

Firm/Company

1440 Okeechobee Road

Address

West Palm Beach, FL 33401

City/State and Zip Code

~~kljgminc@bellsouth.net~~ kljgminc@bellsouth.net

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

For further information concerning this matter, please call:

Kenneth F. Lewis

at (

561 655-6000

Name of Person

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

ADDING AND REMOVING AUTHORIZED PERSON(S) AND CORRECTING ADDRESSES TO
CONFORM TO USPS BY ELIMINATING THE WORD "OLD" WHERE PREVIOUSLY USED.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

815 W. PENSACOLA ST., 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 8/27/2012 and assigned Florida document number L12000109748.

This amendment is submitted to amend the following:

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

815 KK P006444X KKQ

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:

1440 OKEECHOBEE ROAD

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

1440 OKEECHOBEE ROAD

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33401

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

Florida

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 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	KENNETH F. LEWIS	1440 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	KENNETH LEWIS TRUST OF 2012	1440 OLD OKEECHOBEE ROAD WEST PALM BEACH, FL 33401	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 7, 2014.

Kenneth F. Lewis, MGR. Trustee of the Kenneth Lewis Trust 2012
Signature of a member or authorized representative of a member

Kenneth F. Lewis

Typed or printed name of signee