

L12000131000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

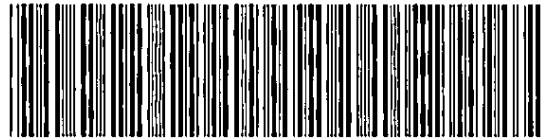
(Business Entity Name)

(Document Number)

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2017 JUL 24 AM 8:37  
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TALLAHASSEE, FLORIDA

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2017 JUL 24 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUL 25 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELEVEN OCEAN OAKS, 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 G. CUFF, JR., ESQUIRE

\_\_\_\_\_  
Name of Person

ROBERT G. CUFF, P.A.

\_\_\_\_\_  
Firm/Company

33 Old Kings Rd North, Suite 1

\_\_\_\_\_  
Address

Palm Coast, FL 32137

\_\_\_\_\_  
City/State and Zip Code

rcuff@cufflaw.net

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

For further information concerning this matter, please call:

ROBERT G. CUFF, JR., ESQUIRE

386 445-2677  
at ( )

\_\_\_\_\_  
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

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

ELEVEN OCEAN OAKS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/15/2012 and assigned

Florida document number 1.12000131000

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

33 Old Kings Road North, Suite 1

**(Principal office address MUST BE A STREET ADDRESS)**

Palm Coast, FL 32137

**Enter new mailing address, if applicable:**

33 Old Kings Road North, Suite 1

**(Mailing address MAY BE A POST OFFICE BOX)**

Palm Coast, FL 32137

**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:

THE MERCER LAW OFFICE, A PROFESSIONAL ASSOCIATION

New Registered Office Address:

2804 N 5TH STREET, SUITE 102

*Enter Florida street address*

ST. AUGUSTINE

Florida 32084

*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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	ROGER E. MILO	33 Old Kings Road North, Suite 1	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHEN MILO	200 EXECUTIVE WAY	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		PONTE VEDRA, FL 32082	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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FALLS CHURCH, VA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated July 21 2017

*Stephen Milo*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

STEPHEN MILO

\_\_\_\_\_  
Typed or printed name of signee