L12000151517

(Requestor	's Name)	<u>-</u>	
(Address)				
(Address)		. ,,,,-	
(City/State/	Zip/Phone #)	
PICK-UP		WAIT	MAIL	
(Business	Entity Name)	
(Document Number)				
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COVER LETTER

TO: Registration Section
Division of Corporations

LCP FLORIDA DEVELOPMENT 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:

ROSA M QUINTELA

Name of Person

VANTAGE POINT LLC

Firm/Company

3802 EHRLICH RD, SUITE 101

Address

TAMPA FL 33624

City/State and Zip Code

ROSA@VANTAGEPOINTTAMPA.COM

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

For further information concerning this matter, please call:

ROSA M QUINTELA

813, 265-4700

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

LCP FLORIDA DEVELOPMEN					
(<u>Name of the Limited Lial</u> (A Flor	cility Compan rida Limited Li	y as it now appears on our realistic Company)	ecords.)		
The Articles of Organization for this Limited Liability Florida document number <u>L12000151517</u>	ity Company	were filed on December 4	4, 2012	and assign	ied
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabi	lity company here:			
The new name must be distinguishable and end with the "L.L.C."	words "Limit	ed Liability Company," the des	signation "LLC	دسه	reviation
Enter new principal offices address, if applicable	:	3802 Ehrlich Road		EC-	19:11 4:14:17
(Principal office address MUST BE A STREET A	DDRESS)	Suite 101	U)	م ک	13.7
		Tampa FL 33624	ert 	5 3	<u> </u>
Enter new mailing address, if applicable:			, 100 2	2: 52	
(Mailing address MAY BE A POST OFFICE BOX	<u>Q</u>			·	
B. If amending the registered agent and/or r registered agent and/or the new registered office			ds, enter the	name of t	the new
Name of New Registered Agent:	Vantage Point Business Solutions LLC				
New Registered Office Address: 3802 Ehrlich Road, Suite 101					
			street addres:		
	ampa	, I	Florida 3362	4	
		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** <u>Name</u> **Address Type of Action** Remove Remove Remove. Remove Add Remove Remove

D. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
	
Dated November 25	2013
Chake	in Ja
Signaturo	t a member of authorized representative of a member
	CHAK YIN SZETO, Manager Typed or printed name of signee

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Filing Fee: \$25.00

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