

**L12000160934**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2013 JAN -7 PM 1:11

**C. LEWIS**  
JAN 8 2013  
**EXAMINER**

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**LAW OFFICES OF  
AMBER JADE F. JOHNSON**  
ATTORNEY and COUNSELOR AT LAW

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471 NORTH MAITLAND AVENUE, MAITLAND, FLORIDA 32751  
TELEPHONE: 407.786.2388 FACSIMILE: 407.629.2055  
E-MAIL: ATTORNEYAJ@AOL.COM

January 4, 2013

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
**Att: Registration Section**

**RE: Articles of Amendment for 1302 N. Central Avenue, LLC and  
840 Semoran Blvd., LLC**

Dear Sir or Madam:

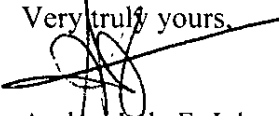
Enclosed please find the following for processing:

1. Articles of Amendment to Articles of Organization of 1302 N. Central Avenue, LLC, and our check # 3184 for the \$25 filing fee; and
2. Articles of Amendment to Articles of Organization of 840 Semoran Blvd., LLC, and our check # 3185 for the \$25 filing fee.

Please process the Articles of Amendment which pertain to name changes for each LLC and contact us at the number above if there are any questions.

Thank you for your assistance in this matter.

Very truly yours,

  
Amber Jade F. Johnson,  
Attorney at Law

AJJ/alg  
Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1302 N. Central Avenue, 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:

**Amber Jade F. Johnson, Esq.**

Name of Person

**Law Offices of Amber Jade F. Johnson, P.A.**

Firm/Company

**471 N. Maitland Avenue**

Address

**Maitland, Florida 32751**

City/State and Zip Code

**attorneyaj@aol.com**

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

For further information concerning this matter, please call:

**Amber Jade F. Johnson**

Name of Person

at ( **407 786-2388** )

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



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
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DIVISION OF CORPORATIONS  
2013 JAN -7 PM 1:11

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

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Dated January 3, 2013



Signature of a member or authorized representative of a member

**Amber Jade F. Johnson**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**