

L12000161526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

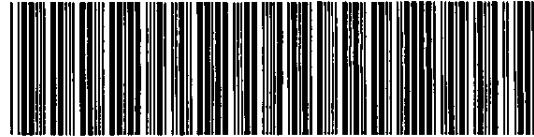
(Business Entity Name)

(Document Number)

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2018 MAR 14 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1200 Plantation Island Drive South, Suite 140  
Saint Augustine, Florida 32080

March 12, 2018

Florida Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Robles 56, LLC**  
**Articles of Amendment to Articles of Organization**  
**Florida Document Number L12000161526**

Dear Sir or Madam:

Please find enclosed an *Articles of Amendment To Articles of Organization* to Robles 56, LLC. Our firm check in the \$25.00 is enclosed for your fee.

Please return a copy of the Articles with the appropriate amendments to this office in the envelope provided herein.

Thank you for your assistance and please contact me if you require further work or information.

Sincerely,

Kristina Bush Andrews, CP  
Certified Paralegal to  
Robert L. McLeod II, B.C.S.  
kbush@themcleodfirm.co,

encls.  
/kba

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

ROBLES 56, 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 December 28, 2012 and assigned  
Florida document number L12000161526.

~ 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:

(Principal office address MUST BE A STREET ADDRESS)

1200 Plantation Island Dr S.  
Suite 140 ST. AUGUSTINE FL  
32080

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

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**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>
MGRM	Robert L. McLeod II	1200 Plantation Island Drive	<input type="checkbox"/> Add
		Suite 140	<input type="checkbox"/> Remove
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change
MGR	Barbara F. McLeod	8950 Old A1A Beach Road	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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.

Dated March 9, 2018

  
Signature of a member or authorize

Robert L. McLeod II, B.C.S.

Typed or printed name of signee