1300034946

| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Naı | me) |
| (Do | ocument Number) |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2014

MARIE TRUONG 1420 SHOREWOOD DRIVE LAKELAND, FL 33803

SUBJECT: CENTERSTATE HOLDINGS LLC

Ref. Number: L13000034946

We have received your document for CENTERSTATE HOLDINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 814A00012961

2014 DEC 18 PM 4: 50

1:

COVER LETTER

TO:

Registration Section

Division of Corporations

Centerstate Holdings LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Marie Truong | |
|-------------------------|-----------------------|
| Name of Person | |
| Centerstate Holdings LL | .C |
| Firm/Company | |
| 1420 Shorewood Drive | 2720 Thornhill Rd Apt |
| Address | |
| Lakeland, FL 33803 | anhuradale PL 33823 |
| City/State and Zip Code | |

jbeyers01@gmail.com

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

For further information concerning this matter, please call:

Marie Truong
Name of Person

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fcc

■ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy
(additional copy is enclosed)

Certified Copy B. (additional copy is englished)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahasses, 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

| (Name of the Limi | ted Liability Comp | ny as it now appears on our records.) | |
|--|---|--|-----------------------|
| | (A Florida Linited | Liability Company) | |
| The Articles of Organization for this Limited L | iability Company | were filed on 03/07/2013 and a | ssigned |
| Florida document number 113000034946 | · | | • |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | |
| | | | |
| The new name mus: be distinguishable and end with the | words "Limited Lis" | ility Company," the designation "LLC" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applic | :a ble: | 1420 Shorewood Drive 2720 | Thornhill Ro |
| (Principal office address MUST BE A STREE | T ADDRESS) | Lakeland, FL 33803 Act | <u></u> |
| | | auburndele, Pl 335 | 23 |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | or registered of fice address her | Nice address on our records, <u>enter the mame</u> : | e of the new |
| Name of New Registered Agent: | Marie Tru | ong | |
| New Registered Office Address: | 14 20 Sho | ewood Drive 2720 Thornhi | 11 Rd Apt C |
| | Aubur | ndele Enter Florida street address | |
| | Lakeland | - , Florida 33803 | <u> </u> |
| New Registered Agent's Signature, if changing 1 | B | City: Apr Codi | £ |
| | | | |
| provisions of all statutes relative to the prop accept the obligations of my position as regi | er and complete stered agent as p registered office | ee to act in this capacity. I further agree to con performance of my duties, and I am familiar worded for in Chapter 605, F.S. Or, if this dot address. I hereby confirm that the limited liable | oith and cument is |
| | If Chai | ging Registered Agent. Signature of New Registered Ag | ent |
| | Page | l of 3 | |
| | | | CHRESTA |

| Dec 18 14 01:22p | Soundwaves |
|------------------|------------|
|------------------|------------|

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 | Mem | ber |

| <u>Citle</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--------------------|----------------|
| MGR | Jeffery Beyers | 2107 E Edgewood Dr | D Add |
| | | Lakeland, FL 33803 | Remove |
| | | | |
| | | | C Add |
| | | | □ Romove |
| | | | |
| | | | C Remove |
| | | | [2] Addd. |
| | | -1 | U Remove |
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| | | | Remove |
| | | | - 2751 mm |

| . If amending a | Soundwaves ny other informatio | n, enter change(s) here: (Anac | 8636484667 h additional sheets, if necessary.) |
|---------------------------------------|--|---|---|
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| | | | (optional) |
| Effective date | if other than the da | rte of illing: | |
| The effective date the date | must be specific, cannot be mucht is filed by the Florid | ste of filing: be prior to date of receipt or filed date and da Department of State) | |
| The effective date the date this docu | must be specific, cannot be mucht is filed by the Florid | be prior to date of receipt or filed date at | |
| The effective date | must be specific, cannot be ment is filed by the Florid | be prior to date of receipt or filed date ar da Department of State) | nd connot be more than 90 days after |

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Page 3 of 3

Filing Fee: \$25.00

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