

#L13000058573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED

2014 MAR -5 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR -6 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2014

CONTINENTAL TITLE GROUP
CHRIS TIPTON
1500 WHETSTONE WAY, STE. T-100
BALTIMORE, MD 21230

SUBJECT: PARK AVE HOLDINGS 817, LLC
Ref. Number: L13000058573

We have received your document for PARK AVE HOLDINGS 817, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 814A00003382

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARK AVE HOLDINGS 817, 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:

CHRIS TIPTON
Name of Person

CONTINENTAL TITLE GROUP
Firm/Company

1500 WHETSTONE WAY, STE. T-100
Address

BALTIMORE, MARYLAND 21230
City/State and Zip Code

snana_72@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS TIPTON at (**410**) **401-3524**
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**

PARK AVE HOLDINGS 817, LLC

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

FILED
2014 MAR -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on April 22, 2013 and assigned
Florida document number L13000058573.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PARK AVENUE HOLDINGS 817, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

301 DEVILS BIGHT

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34103

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

, Florida

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

MGR = Manager
AMBR = Authorized 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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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 28, 2014

Christine L. Tipton, Authorized Rep.

Signature of a member or authorized representative of a member

CHRISTINE L. TIPTON

Typed or printed name of signee

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Filing Fee: \$25.00

Returns:

Continental Title Group
1500 Whetstone Way, T100
Baltimore, Maryland 21230

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