L130000 69752

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Lemmers Jun 1 6 2014

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: HWY	41 - CL RD L	LC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Peggy Schro		
		Name of Person	
	HWY 41 - C	L RD LLC	
	-	Firm/Company	
	15488 N. Ne	ebraska Avei	nue
	· · · · · · · · · · · · · · · · · · ·	Address	
	Lutz, FL 33	549	
		City/State and Zip Code	
	peggy@thefechte	elcompany.com	
	E-mail address: (1	to be used for future annual re	eport notification)
For further information cor	ncerning this matter, please ca	all:	
Peggy Schro	peder	_{at} 813, 26	Daytime Telephone Number
Name of I	'erson	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	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HWY 41 - CL RD 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 May 13, 2013 and assigned Florida document number L13000069752 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 end with 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) 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

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.

New Registered Agent's Signature, if changing Registered Agent:

City

If Changing Registered Agent, Signature of New Registered Agent

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 Member **Type of Action** Address Title Name 15488 N. Nebraska A<u>venue</u> □ Add Terri H. Fechtel **MGRM** Lutz, FL 33549 **■** Remove Terri H. Fechtel 15488 N. Nebraska Avenue **AMBR** Lutz, FL 33549 ☐ Remove ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

Artic	cle V
The	Company is a manager-managed company.
Vinc	ent J. Fechtel III, 15488 N. Nebraska Avenue, Lutz, FL 33549,
is th	e initial manager.
(The effective da	te, if other than the date of filing: (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after becument is filed by the Florida Department of State)
(The effective date this do	ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00

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