

213000069983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

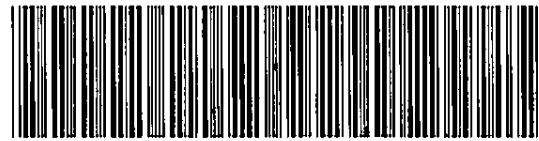
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 NOV 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY
NOV 17 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Provence C-212, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Cory Maile
Name of Person

Firm/Company

1135 Bald Eagle Drive
Address

Marco Island, FL 34145
City/State and Zip Code

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

For further information concerning this matter, please call:

Cory Maile at (239) 825-4465
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00	<input type="checkbox"/> \$30.00	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$60.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy is enclosed)	Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street/Courier Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

ARTICLES OF AMENDMENT
TO
ARTICLE OF ORGANIZATION
OF

FILED
2017 NOV 16 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Provence C-212, 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 5/10/2013 And assigned Florida document number L13000069983.

A. If amending the name, the new name of the company is: (enter new name here):

The mailing address and street address of the principal office of the Limited
Liability Company is:

Principal Office Address:
(must be a street address)

Mailing Address:

**B. If amending the registered agent and/or registered office on our
records:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must
designate an individual or another business entity with an active Florida
registration.)

The name of the new registered agent and Florida street address of the
registered agent are:

Name

Florida Street Address (P.O. Box **NOT** accepted)

City Zip

*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 address, I hereby confirm that the limited
liability company has been notified in writing of this change.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

C. If amending the Authorized Person(s) authorized to manage:

Title:

Name and Address

"MGR" = Manager

"AMBR" = Authorized Member

MGR

Type of Action:

Add: Cory Maile

790 Partridge Ct

Marco Island, FL 34145

MGR

Remove: Joshua Maile

1135 Bald Eagle Drive

Marco Island, FL 34145

D. If amending any other information, enter change(s) here:

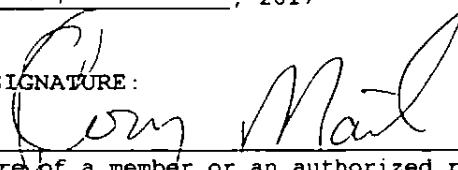
(Attache additional sheet(s), if necessary)

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

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the date of filing.)

Dated 11-10-17, 2017

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with Chapter 605, Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Cory Maile

Typed or printed name of signee

Filing Fees:

Filing Fee \$25.00

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