

L13000077475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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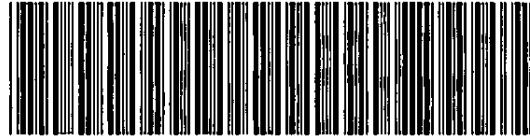
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

01/05/16--01007--023 **60.00

JAN 07 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARDWINNA 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:

MARK B. RICHARDS
Name of Person

ARDWINNA LLC
Firm/Company

968 SOUTH FOREST CREEK DRIVE
Address

SAINT AUGUSTINE FLORIDA 32092
City/State and Zip Code

richards-mark@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call: (UNDERSCORE)

MARK B. RICHARDS at (904) 613-6586
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**

ARDWINNA 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 29, 2013 and assigned Florida document number L13000077475.

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)

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:

MARK B. RICHARDS

New Registered Office Address:

968 SOUTH FOREST CREEK DRIVE

Enter Florida street address

SAINT AUGUSTINE

City

Florida

32092

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

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>
MGR	DAVID M. DAVIS	1960 SW PROVIDENCE PL.	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34953	<input type="checkbox"/> Change
MGR	MARK B. RICHARDS	9608 SOUTH FOREST CREEK DRIVE	<input checked="" type="checkbox"/> Add
		SAINT AUGUSTINE, FL.	<input type="checkbox"/> Remove
		32092	<input type="checkbox"/> Change
AMBR	JEFFREY J. GIES	12398 BOSTON HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL.	<input type="checkbox"/> Remove
		32225	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

28 DEC 2015



Signature of a member or authorized representative of a member

MARK B. RICHARDS

Typed or printed name of signee

2018 JAN -5 AM 10:06
3:00 PM EST
TALLAHASSEE FLORIDA