## L13000078416

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
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SECRETARY OF STATE

N. Cuilligan SEP 1 9 2013

## **COVER LETTER**

TO:

Registration Section is Division of Corporations

UD IECT.

598 South Holms 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:

Sharon R. Moon, EA

Name of Person

Sharon R. Moon, EA

Firm/Company

1210 Altman Dr

Address

Merritt Island, FL 32952

City/State and Zip Code

eashouie@gmail.com

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

For further information concerning this matter, please call:

Donald C Douglas

 $_{at}$  (904) 669-6953

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



September 3, 2013

SHARON R. MOON, EA 1210 ALTMAN DRIVE MERRITT ISLAND, FL 32952

SUBJECT: DOUGLAS PARK, LLC Ref. Number: W13000048658

We have received your document for DOUGLAS PARK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: DOUGLAS PARKS, P.A., document number P060000082683.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 513A00020732

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2013 SEP 19 AM 10: 25

SECRETARY OF STATE FALL AHASSEE, FLORIDA

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เมสด	JULI	н п		 

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

`*	(A Florida Limited L	iability Comp	pany)	
The Articles of Organization	on for this Limited Liability Company L13000078416	were filed or	May 30, 2013 and assigned	
This amendment is submitte	ed to amend the following:			
A. If amending name, en	ter the new name of the limited liab	ility compan	ny here:	
Douglas Park, LLC	DOUGLAS BUS	INESS	PARK, LLC	
The new name must be distin "L.L.C."	guishable and end with the words "Limi	ted Liability (	Company," the designation "LLC" or the abbreviation	n
Enter new principal office	es address, if applicable:	100	DOUGLAS PARK DR.	
(Principal office address N	AUST BE A STREET ADDRESS)		AUGUSTINE, FL 32084	
n		5313 Pi	iverview Dr	
Enter new mailing address	•		ustine, FI 32080	
(Mailing address MAY BE	A POST OFFICE BOX	Oi. Auge	ustine, 11 52000	
	ne new registered office address her		s on our records, <u>enter the name of the ne</u>	<u>w</u>
New Registered C	Office Address:		Enter Florida street address	
			Enter riorida street daaress	
	<u></u>	City	, Florida Zip Code	
Naw Pagistared Agant's Sig	nature, if changing Registered Agent:	•	zip Coue	
New Registered Agent's Sig	mature, il changing registered Agent.			
the provisions of all statu accept the obligations of being filed to merely refle	tes relative to the proper and comp my position as registered agent as	lete perform provided for	this capacity. I further agree to comply with mance of my duties, and I am familiar with and r in Chapter 608, F.S. Or, if this document is hereby confirm that the limited liability	1

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sharon R Moon	1210 Altman Dr	Add
		Merritt Island, FI 32952	Remove
·····			Add
			Remove
			— □
			Remove
			Add
			Remove
			_
<del></del>			Add
			Remove
			_
			Remove

•	•
١_	SEPTEMBER 27, 2013.
	·
	Sharon & Moon, &
	Signature/of a member or authorized representative of a member
	Signature/of a member or authorized representative of a member  SHARDN L HOON, EN  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED MID: 25
SECRETARY OF STATE
SECRETARY OF STATE
AND ASSEE, FLORIDA