

L13000080577

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN 17 PM 12:03

JUN 18 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MACFARLANE DEVELOPMENT COMPANY, 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:

JENNA PERSONS

Name of Person

STRAYHORN & PERSONS, PL

Firm/Company

2125 FIRST STREET STE 201

Address

FORT MYERS, FL 33901

City/State and Zip Code

JPERSONS@STRAYHORNLAWS.COM

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

For further information concerning this matter, please call:

JENNA PERSONS

Name of Person

at (239) 334-1260

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

MACFARLANE DEVELOPMENT COMPANY, LLC

The Articles of Organization for this Limited Liability Company were filed on JUNE 4, 2013 and assigned Florida document number L13000080577.

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

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)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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 608, 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

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

MGR = Manager

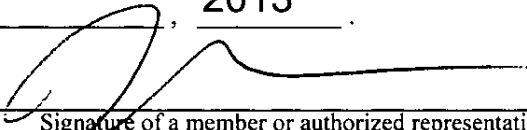
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CF MACFAM, LLC	1829 FORSYTHE DRIVE	☐ Add
		SAVANNAH, TX 76227	☒ Remove
			☐ Add
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			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JUNE 13, 2013



Signature of a member or authorized representative of a member

JENNA PERSONS

Typed or printed name of signee

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Filing Fee: \$25.00

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