

L13000122215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600251478146

09/09/13--01003--016 **25.00

FILED
2013 SEP -9 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1401 Palm Avenue, 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:

Joseph Sanderson

Name of Person

Firm/Company

1015 Atlantic Blvd, Unit 422

Address

Atlantic Beach, FL 32233

City/State and Zip Code

sanderson1980@gmail.com

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

For further information concerning this matter, please call:

Joe Sanderson

Name of Person

at (904) 316-7667

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP -9 PM 3:59

FILED

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**

1401 Palm Avenue, 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 8/29/2013 and assigned
Florida document number L13000122215.

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)

1015 Atlantic Blvd, # 422

Atlantic Beach, FL 32233

FILED
2013 SEP -9 PM 4:00
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

1015 Atlantic Blvd, Unit 422

Enter Florida street address

Atlantic Beach

City

Florida 32233

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 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

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	Joe Sanderson	1015 Atlantic Blvd, Unit 422	<input checked="" type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2013 SEP - 9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Change Address of MGRs Marcus and Joyce

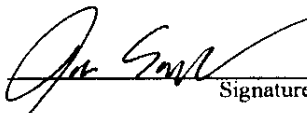
Marcus A, Lehman

1015 Atlantic Blvd, Unit 422 , Atlantic Beach, FL 32233

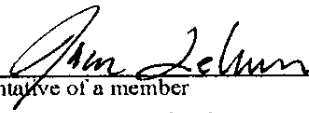
Sanderson, Joyce

1015 Atlantic Blvd, Unit 422, Atlantic Beach, FI 32233

Dated 9/6/2013



Joseph Sanderson



Marcus Lehman

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP -9 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED