

L13000125278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

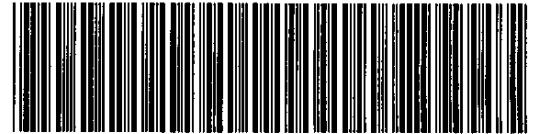
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -8 AM 11:27

FILED

K. SALY
EXAMINER

JUL -9 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Lot Depot 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:

John N Baschieri

Name of Person

Lot Depot LLC

Firm/Company

3507 Lee Blvd #222

Address

Lehigh Acres, FL 33971

City/State and Zip Code

leeforeclosures@gmail.com

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

For further information concerning this matter, please call:

Nathan Baschieri

Name of Person

at **239 333-8099**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

~~\$15.00 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**

Lot Depot LLC

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

FILED
2014 JUL -8 AM 11:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/26/2013 and assigned
Florida document number L13000125278.

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:

3507 Lee Blvd #222

(Principal office address MUST BE A STREET ADDRESS)

Lehigh Acres, FL 33971

Enter new mailing address, if applicable:

same as above

(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:

John N Baschieri

New Registered Office Address:

3507 Lee Blvd #222

Enter Florida street address

Lehigh Acres

City

, Florida 33971

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGMR	Jonathan Manetta	1113 Willard Ave	<input type="checkbox"/> Add
		Lehigh Acres, FL 33972	<input checked="" type="checkbox"/> Remove
AP	John N Baschieri	3507 Lee Blvd #222	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33971	<input type="checkbox"/> Remove
AP	Matthew Burstein	3507 Lee Blvd #222	<input checked="" type="checkbox"/> Add
		Lehigh Acres, FL 33971	<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

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **June 25** **2014**


Signature of a member or authorized representative of a member

Jonathan Manetta

Typed or printed name of signee