

213000 126113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

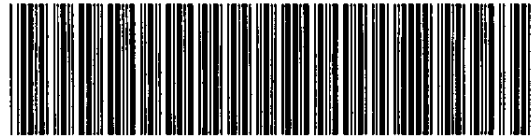
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100249817961

09/23/13--01039--020 **25.00

FILED
13 SEP 23 AM 10:22
RECEIVED
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patio Breeze, 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:

Shivon Patel, Esq.

Name of Person

The Principal Law Firm, P.L.

Firm/Company

7025 CR46A, Suite 1071, PMB 353

Address

Lake Mary, Florida 32746

City/State and Zip Code

jjdd223@aol.com

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

For further information concerning this matter, please call:

Shivon Patel

Name of Person

at (407) 322-3003

Area Code & Daytime Telephone Number

FILED
13 SEP 23 AM 10:22
TALLAHASSEE, FLORIDA

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**

Patio Breeze, 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 09/06/2013 and assigned
Florida document number L13000126113.

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)

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: _____

Enter Florida street address

_____, Florida _____
City

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:

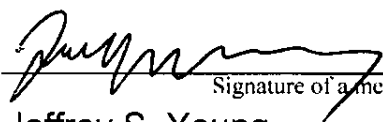
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jeffrey S. Young	1321 Sandstone Run	<input type="checkbox"/> Add
		Sanford, Florida 32771	<input checked="" type="checkbox"/> Remove
MGRM	Jeffrey S. Young	1321 Sandstone Run	<input checked="" type="checkbox"/> Add
		Sanford, Florida 32771	<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

SECRET
13 SEP 28 AM 10:22
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 09-13-2011 BY 60322
UCBAW

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

Dated September 20, 2013



Signature of a member or authorized representative of a member

Jeffrey S. Young

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 SEP 23 AM 10:22
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA