

113000150540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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↓ Drivers DEC 16 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2013

KENNETH BOHANNON, ESQUIRE
221 NORTH CAUSEWAY
SUITE A
NEW SMYRNA BEACH, FL 32169

SUBJECT: EDGEWATER BUSINESS WAREHOUSES, LLC
Ref. Number: L13000150540

We have received your document for EDGEWATER BUSINESS WAREHOUSES, 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):

You failed to make the correction(s) requested in our previous letter.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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.

Justin M. Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00026521



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2013

KENNETH BOHANNON, ESQUIRE
221 NORTH CAUSEWAY
SUITE A
NEW SMYRNA BEACH, FL 32169

SUBJECT: EDGEWATER BUSINESS WAREHOUSES, LLC
Ref. Number: L13000150540

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 513A00026521

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **EDGEWATER BUSINESS WHAREHOUSE, 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:

KENNETH BOHANNON, ESQ

Name of Person

KENNETH BOHANNON PL

Firm/Company

221 NORTH CAUSEWAY, SUITE A

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

KBOHANNON@CFLLAWYER.COM

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

For further information concerning this matter, please call:

KENNETH BOHANNON at **386 427-5227**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

EDGEWATER BUSINESS WAREHOUSES, 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 10/25/2013 and assigned
Florida document number L13000150540.

This amendment is submitted to amend the following:

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

FLORIDA SHORES BUSINESS WAREHOUSES, LLC

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

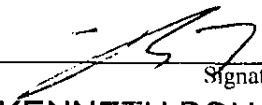
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated Dec 10, 2013.



Signature of a member or authorized representative of a member
KENNETH BOHANNON, ESQ.

Typed or printed name of signee

RECEIVED
18 DEC 13 4:11:03
CLERK OF COURT