# 13000161324

(Re	equestor's Name)	
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# **COVER LETTER**

TO:	Registration Sec Division of Corp	tion orations		
		ss Park, LLC		
SUBJI	EC1:	Name of Limi	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	idence concerning this matter	to the following:	
		Chris Vanzant		
			Name of Person	<del></del>
		6966 Business Park, LLC		
Firm/Company				
		6966 Business Park Blvd.,	N.	
			Address	<del></del>
		Jacksonville, FL 32256		
City/State and Zip Code				
evanzant@landon-homes.net  E-mail address: (to be used for future annual report notification)				
For fu	rther information co	oncerning this matter, please or		
Chris	Vanzant		904 545-3762	
Name of Person Area Code Daytime Telephone Number			Telephone Number	
Enclos	sed is a check for th	e following amount:		
<b>∃</b> \$2	5.00 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

6966 Business Park, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	pears on our records.) iny)
he Articles of Organization for this Limited Liability Company were filed or	n 11/18/2013 and assigned
orida document number L13000161324	
his amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability compan	y here:
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	S
nter new mailing address, if applicable:	<i>&gt;</i>
•	4
Mailing address MAY BE A POST OFFICE BOX)	- H
<del></del>	<del></del>
If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	s on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
Enter	r Florida street address
	, Florida
Cin	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dennis Ginder	6966 Business Park Blvd., N.	
		Jacksonville, FL 32256	■ Remove
			☐ Change
MGR	Jesse Killebrew	6966 Business Park Blvd., N.	
		Jacksonville, FL 32256	□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
			Change
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	ve date on the Departmen	nt of State's record	5.			
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Filing Fee: \$25.00