

LB3000161402

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20 FEB -7 PM 4:45

MAR 04 2003
C. McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3107 POST STREET 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:

ROBERT L MITCHELL

Name of Person

3107 POST STREET LLC

Firm/Company

5011 Gate Parkway Bldg 100 Ste 100

Address

Jacksonville, FL 32256

City/State and Zip Code

manager@3107realestate.com

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

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For further information concerning this matter, please call:

ROBERT MITCHELL

Name of Person

at (**904**) **773-4999**

Area Code

Daytime Telephone Number

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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3107 POST STREET 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 **November 13, 2013** and assigned

Florida document number **L13000161402**.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: **5011 Gate Parkway Bldg 100**

(Principal office address MUST BE A STREET ADDRESS) **Ste 100**

Jacksonville, FL 32256

Enter new mailing address, if applicable: **5011 Gate Parkway Bldg 100**

(Mailing address MAY BE A POST OFFICE BOX) **Ste 100**

Jacksonville, FL 32256

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:

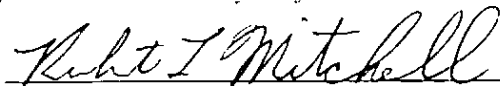
Name of New Registered Agent: **ROBERT MITCHELL**

New Registered Office Address: **5011 GATE PARKWAY BLDG 100 STE 100**
Enter Florida street address

JACKSONVILLE, Florida 32256
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	DONAVAN D CARR	P.O. BOX 58091 JACKSONVILLE, FL 32241	<input checked="" type="checkbox"/> Remove
MGR	ROBERT L MITCHELL	5011 GATE PARKWAY BLDG 100 STE 100 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JANUARY 20 , 2020 .

Robert L. Mitchell

Signature of a member or authorized representative of a member

ROBERT L MITCHELL

Typed or printed name of signee

Filing Fee: \$25.00