# L13000170481

(Re	questor's Name)	
•	,	
(Ad	dress)	<u>., </u>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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D. BRUCE NOV 1 8 2016



November 10, 2016

CHARLES RAY BEAN 6070 DATIL PEPPER RD ST. AUGUSTINE, FL 32086

SUBJECT: DEL VIEJO L.L.C. Ref. Number: L13000170481

We have received your document for DEL VIEJO L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Deborah Bruce Regulatory Specialist II Letter Number: 116A00024490

## **COVER LETTER**

	isiration Seci				
SUBJECT:	Del Viejo LL	.c			
SUBJECT.		Name of Limi	ited Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Charles Ray Bean			
			Name of Person		
		Del Viejo LLC			
			Firm/Company	<del></del>	
		6070 Datil Pepper Rd			
		**	Address		
		St Augustine Fl 32086			
		searaybean@gmail.com	City/State and Zip Code	2016 NOV 17 P 12: SECRETARY OF STA	7
		E-mail address: (t	to be used for future annual report notifica	ation) ASS	-
For further in	nformation con	ncerning this matter, please ca	ail:	NOV 17 F	Γ
Charles Ray	Bean		904 325-3968 at ()		_
	Name of	Person	Area Code Daytime T	elephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling 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

Del Viejo LLC					
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)		
The Articles of Organization for this Limited I lorida document number L13000170481	Liability Comp	any were filed on $\frac{12-09-2013}{1}$		and ass	igned
his amendment is submitted to amend the fol	llowing:				
. If amending name, enter the new name	of the limited	liability company here:			
<i>I</i> A					
ne new name must be distinguishable and contain the	words "Limited I	iability Company," the designation	"LLC" or the abb	reviation "L.	L.C."
nter new principal offices address, if appli	icable:	NA			
Principal office address MUST BE A STRE.		S)			
			: 1	ŧ	
nter new mailing address, if applicable:		NA	<u>;</u>	_	
Mailing address MAY BE A POST OFFICE	E BOX)				
					·
			<u>.</u>	에 <b>소</b> (:) 1 <b>8(5</b>	
. If amending the registered agent and egistered agent and/or the new registered of	_		cords, enteret	he nathe	of the n
gistered agent and/or the new registered to	bilice address	nere.	HAS	A MON	11
Name of New Registered Agent:	NA		SEF.	<u> </u>	
New Registered Office Address:	NA		FLO		
		Enter Florida street	address 23	?: 5	
			_, Florida	· w	
		Citv		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	Charles Ray Bean	See section D below	
			□ Remove
		,	■ Change
MGRM	Angela Herlong Bean		
			□ Remove
			■ Change
MGRM	James Rarker Stewart		□ Add
			Remove
			<b>₫</b> Change
			Add LAHASSEE O Change
	<del>-,,, ,,,</del>		Add
			□ Remove
			□ Add
			Remove

effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requires ment's effective date on the Department of State's records.  ecord specifies a delayed effective date, but not an effective time, at the 90th day after the record is filed.	
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e 90th day after the record is filed.  November seventh(7) 2016	(optional)  Odays after filing.) Pursuant to 6 ments, this date will not be l.
d November seventh(7) 2016	12:01 a.m. on the ear
PA Por Man	
Signature of a member or authorized representative of a mem	oer

Page 3 of 3

Filing Fee: \$25.00