

L14000004606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

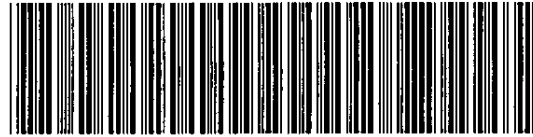
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CALL When
Ready 224-7091
Chris Gibson

Office Use Only



300256918223

02/21/14--01005--020 **25.00

RECEIVED
DEPARTMENT OF STATE
14 FEB 21 AM 1:26

FILED
14 FEB 21 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2014

T. BROWN

GUILDAY LAW

February 21, 2014
VIA HAND DELIVERY

Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: John Young Parkway, LLC – Document Number L14000004606

Dear Sir or Madam:

I have enclosed the original and one copy of Articles of Amendment to Articles of Organization for the above-described limited liability company and a check for \$25.00 for the fee. Please give me a call at 224-7091 when this have been processed and I will have a runner pick it up from our box.

Thank you very much for your help.

Sincerely,

Chris

Chris Gibson, Assistant to
Geoffrey B. Schwartz and Daniel J. Kuhn

/cg
Enclosures

CATHERINE B. CHAPMAN^o
JENNIFER SULLIVAN DAVIS
ROBERT D. FINGAR
THOMAS J. GUILDAY
GEORGE W. HATCH, III^{*}
DANIEL J. KUHN
FRANCES C. LOWE^o
TRUDY E. INNES RICHARDSON
CARRIE MENDRICK ROANE
JAKEN E. ROANE
CHRISTINA L. SCARINGE
MARY K. SIMPSON^{**}
MICHAEL D. WEST
ALBERT J. WOLLERMANN^o

OF COUNSEL

GEOFFREY B. SCHWARTZ
J. KENDRICK TUCKER

* BOARD CERTIFIED CONSTRUCTION LAWYER
** BOARD CERTIFIED CIVIL TRIAL LAWYER
o ALSO ADMITTED IN GA

A MEMBER OF
THE HARMONIE GROUP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **JOHN YOUNG PARKWAY, 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:

Chris Gibson

Name of Person

Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A.

Firm/Company

1983 Centre Pointe Boulevard, Suite 200

Address

Tallahassee, Florida 32308

City/State and Zip Code

sgornto@harbourpetro.com

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

For further information concerning this matter, please call:

Chris Gibson

Name of Person

850 224-7091

at ()
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**

JOHN YOUNG PARKWAY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 FEB 21 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/09/2014 and assigned
Florida document number L14000004606.

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	G2 Orlando, LLC	21 West Fee Avenue, Suite F	<input type="checkbox"/> Add
		Melbourne, Florida 32901	<input checked="" type="checkbox"/> Remove
MGR	Kenneth L. Wood	2070 South Orange Blossom Trail	<input type="checkbox"/> Add
		Apopka, Florida 32703	<input checked="" type="checkbox"/> Remove
AMBR	G2 Orlando, LLC	21 West Fee Avenue, Suite F	<input checked="" type="checkbox"/> Add
		Melbourne, Florida 32901	<input type="checkbox"/> Remove
AMBR	Kenneth L. Wood	2070 South Orange Blossom Trail	<input checked="" type="checkbox"/> Add
		Apopka, Florida 32703	<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.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **February 19**, **2014**



Signature of a member or authorized representative of a member

SAMUEL E. GOANTO

Typed or printed name of signee