

**L14000005393**

\_\_\_\_\_  
(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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18 SEP 27 PM 12:06  
CLERK OF COURT  
CLERK OF COURT

INS  
SEP 25 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2018

BARBARA WALLACE  
PO BOX 1247  
ANNA MARIA, FL 34216

SUBJECT: WILLOW LANDING, LLC  
Ref. Number: L14000005393

We have received your document for WILLOW LANDING, 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):

PLEASE LIST THE MEMBERS' TITLE IN COMPANY ON PAGE 2 OF APPLICATION.

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

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 818A00018641

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2018 SEP 27 10:24 AM  
ONE

9/27/18

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WILLOW LANDING 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:

Barbara B Wallace

\_\_\_\_\_  
Name of Person

Willow Landing LLC

\_\_\_\_\_  
Firm/Company

PO Box 1247

\_\_\_\_\_  
Address

Anna Maria, FL 34216

\_\_\_\_\_  
City/State and Zip Code

bawallace.bw@gmail.com

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

For further information concerning this matter, please call:

Barbara B Wallace

239

823-4135

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

WILLOW LANDING 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 01/06/2014 and assigned  
Florida document number L14000005393.

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 fl.

**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)**

PO Box 1247

Anna Maria, Florida 34216

**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 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	Byron Ray Wallace, Jr.		<input type="checkbox"/> Add
		318 5th Ave, Lehigh Acres, FL 33936	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gwen W Besselièvre	2856 N. Desert Forest Lane, Lehi, UT 84043	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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LEHIGH ACRES, FL

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

FILED  
SEP 27 PM 12:04  
18

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 29 2018

Signature of a member or authorized representative of a member

Barbara B Wallace, Agent

Typed or printed name of signee