

L140000018301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

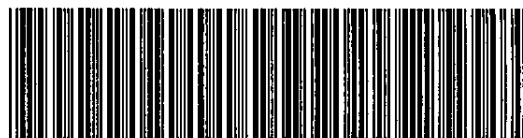
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
14 MAR -4 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 5 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pine Forest Park of Central Florida, 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:

Gary S. Wright

Name of Person

Gary S. Wright, P.A.

Firm/Company

465 Summerhaven Drive, Suite C

Address

DeBary, FL 32713

City/State and Zip Code

wrightattorney@cfl.rr.com

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

For further information concerning this matter, please call:

Gary S. Wright

Name of Person

at ( 386 ) 753-0280

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee  
already paid

☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 18, 2014

GARY S. WRIGHT, P.A.  
465 SUMMERHAVEN DR STE C  
DEBARY, FL 32713

SUBJECT: PINE FOREST PARK OF CENTRAL FLORIDA, LLC  
Ref. Number: L14000018301

We have received your document for PINE FOREST PARK OF CENTRAL FLORIDA, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 414A00003664



Gary S. Wright, Esq.  
Attorney and Counselor At Law  
Civil and Family Mediator

**Gary S. Wright, P.A.**  
465 Summerhaven Dr. Ste. C  
DeBary, FL 32713  
Tel: (386) 753-0280

wright.attorney@cfl.rr.com  
Facsimile: (386) 668-5880

February 25, 2014

Ms. Teresa Brown  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

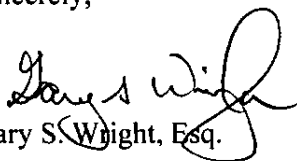
Re: Pine Forest Park of Central Florida, LLC  
#L14000018301

Dear Ms. Brown:

Please find enclosed the cover letter, Articles of Amendment State form and the company's Amended Articles of Organization. We have corrected a typographical error, as well as the reference to F.S. 608 has been changed to F.S. 605, per your request.

Please let me know if you need anything further.

Sincerely,

  
Gary S. Wright, Esq.

GSW/lh  
Enclosures

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

**FILED**  
14 MAR -4 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pine Forest Park of Central Florida, 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 January 31, 2014 and assigned Florida document number L14000018301.

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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          |                                 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
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|              |             | _____          |                                 |

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

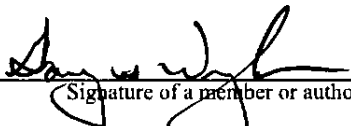
(1) Article 1 of the Articles is amended to correct a typographical error,  
and is amended to read: The name of the Limited Liability Company is  
Pine Forest Park of Central Florida, LLC.

(2) The references to F.S. 608.408(3) and F.S. 608.415 on page two of the  
original Articles are hereby amended to read Chapter 605, Florida Statutes.

**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 25, 2014.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gary S. Wright

\_\_\_\_\_  
Typed or printed name of signee

AMENDED ARTICLES OF ORGANIZATION  
OF  
**PINE FOREST PARK OF CENTRAL FLORIDA, LLC**

ARTICLE I

NAME

The name of the Limited Liability Company is  
**PINE FOREST PARK OF CENTRAL FLORIDA, LLC.**

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 101 Northlake Drive, Orange City, FL 32763.

The street address of the Limited Liability Company's principal office is 101 Northlake Drive, Orange City, FL 32763.

ARTICLE III

DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

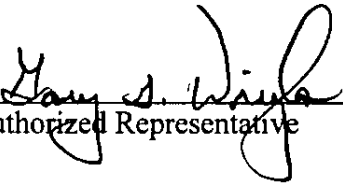
MANAGEMENT

The managing member who is designated by the member(s) as the manager shall carry



out and further the decisions and action of the member(s) made under the Operating Agreement and shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Authorized Representative

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 605, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **PINE FOREST PARK OF CENTRAL FLORIDA, LLC.**

The name and the Florida street address of the registered agent is:

Gary S. Wright  
465 Summerhaven Drive, Suite C  
DeBary, FL 32713

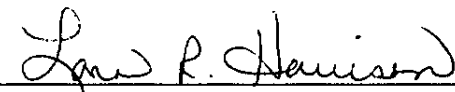
Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


**PINE FOREST PARK OF CENTRAL FLORIDA, LLC**

  
GARY S. WRIGHT  
Registered Agent

STATE OF FLORIDA  
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 25<sup>th</sup> day of February, 2014,  
by **GARY S. WRIGHT**, who is personally known to me.

  
LANA R. HARRISON  
Notary Public

NOTARY PUBLIC-STATE OF FLORIDA  
 Lana R. Harrison  
Commission # EE098053  
Expires: JUNE 05, 2015  
BONDED THRU ATLANTIC BONDING CO., INC.