

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000826273)))



H140000826273ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (786)409-5946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORT PIERCE CHARTER DEVELOPMENT LLC

KECEIVED 4 APR-7 PM 4: 48

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

72733

APR - 8 2014

Electronic Filing Menu

Corporate Filing Menu

Help CLINE

https://cfile.sunbiz.org/scripts/efilcovr.exe

<del>4</del>/7/2014

CORPUSA

9696889908

04/02/5014 13:50





## **COVER LETTER**

TO:

Registration Section
Division of Corporations

FORT PIERCE CHARTER DEVELOPMENT LLC

SUBJECT

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:

Thomas G. Sherman

Name of Person

Thomas G. Sherman, P.A.

Firm/Company

90 Almeria Avenue

Addres

Coral Gables, Florida 33134

City/State and Zip Code

mike@uniontitleservices.com

E-mail uddress: (to be used for future annual report nonfication)

For further information concerning this matter, please call:

Michael G. Sherman

,,305 ,448-5898

Name of Person

Alex Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is suclosed)

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

H140000 806007

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FORT PIERCE CHARTER DEVELOPMENT LLC

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

fat i totting ranning	omoning Company)		
The Articles of Organization for this Limited Liability Companies Florida document number L14000018704	y were filed on	2/3/2014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limited Lis	ability Company," the d	designation "LLC" or the abb	reviation "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)	90 Almeria	s G. Sherman, P. Avenue es, Florida 33134	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on		ώ. Σο ₹ 1 (
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	
	City	, Fl011Q#	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag			

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

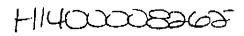
Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the fitte, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member <u>Title</u> <u>Name</u> Address Type of Action 10 Venetian Way, Unit 506 Martin Larsson **AMBR** Miami Beach, FL 33139 90 Almeria Avenue MGR Thomas Sherman ■ Add Coral Gables, FL 33134 - Remove □ Add □ Remove 

Page 2 of 3

MGR - Manager



	·
ective	date, if other than the date of filing:(optional)
effective this	date, if other than the date of filing:  a date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State)
effectiv	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

CRETARY OF STATE

H14000080600