

L14000 020 500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

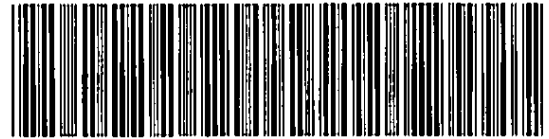
(Business Entity Name)

(Document Number)

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19 DEC -9 PM 1:25  
FALLS CHURCH, VA

JAN 11 2020  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELON PLACE, 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:

PAUL E. SIMONSON

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

DCS MANAGEMENT SERVICES, INC.

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

505 SOUTH FLAGLER DRIVE, SUITE 900

\_\_\_\_\_  
Address

WEST PALM BEACH, FL. 33401

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

psimonson@scharholdings.com

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

For further information concerning this matter, please call:

PAUL E. SIMONSON

561 805-6516  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

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

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ELON PLACE, LLC

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

19 DEC -9 PM 1:00  
FILED  
FALL ARIASSE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/05/2014  
Florida document number L14000020500

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

505 SOUTH FLAGLER DRIVE, SUITE 900

**(Principal office address MUST BE A STREET ADDRESS)**

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

505 SOUTH FLAGLER DRIVE, SUITE 900

**(Mailing address MAY BE A POST OFFICE BOX)**

WEST PALM BEACH, FL 33401

**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	KEEGAN, JOHN	2966 S. CHURCH STREET #137	<input type="checkbox"/> Add
		BURLINGTON, NC 27215	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SCHAR, DWIGHT C	505 S. FLAGLER DRIVE, SUITE 900	<input checked="" type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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