# L/40000021887

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,	JOhn Jin (Dhana	- 40
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		3 2 5 2014 . LUNT

Office Use Only

400256987924

02/21/14--01012--014 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

INFER 21 PM R

### **COVER LETTER**

TO: Registration Section **Division of Corporations** 

LANDZ MANAGEMENT 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:

MATTHEW A. LANDSMAN

LLJ ACCOUNTING LLC

4509 BEE RIDGE RD UNIT A

SARASOTA, FLORIDA 34233

City/State and Zip Code

matthew Landsman & gmail -com

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

For further information concerning this matter, please call:

.INDA LINDSAY

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/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	City	Zip Code
		Florida
New Registered Office Address:	Enter Florida street ada	dress
Name of New Registered Agent:		
Name of New Pegistered Agents		
registered agent and/or the new registered office addre		enter the name of the new
B. If amending the registered agent and/or registe	ered office address on our reco	ords, enter the name of the new
		05 <b>47</b> C
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:	MATTHEWLANDSM	
		E TAL
		_
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation '	"LLC" or the abbreviation "L.L.C."
LANDZ MANAGEMENT & CONSULTING LL		
A. If amending name, enter the new name of the limite	ed liability company here:	
This amendment is submitted to amend the following:		
Florida document number L14000021887	-	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 2/07/14	and assigned
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our rec limited Liability Company)	ords.)
LANDZ MANGEMENT LLC		

# 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> **Type of Action** <u>Name</u> **Address** ☐ Add ☐ Remove \_□ Add \_□ Remove \_ Add \_□ Remove \_ Add \_□ Remove ☐ Add

Ciffective date, if other than the date of filing:  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  2/19/2044  Signature of a member or authorized representative of a member  Linda L. Lindany.		
date this document is filed by the Florida Department of State)		
te date this document is filed by the Florida Department of State)		
		(optional) annot be more than 90 days after
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Lucla L. Linckan	
Linda L. Lialany.		stative of a mamban

Page 3 of 3

Filing Fee: \$25.00

SEGRETARY OF STATE