

L140000 30420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

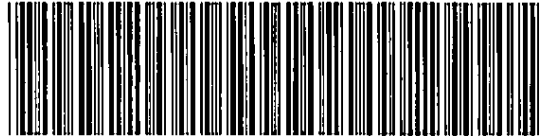
(Business Entity Name)

(Document Number)

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2018 OCT 19 PM 5:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 31 2018  
S. PRATHEP

ST. JOHNS



LAW GROUP

Dedicated and Responsive Service

October 16, 2018

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

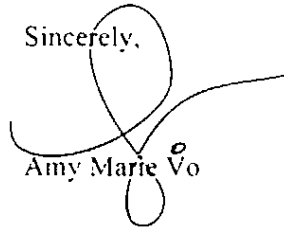
RE: Amendment of Articles of Organization Request  
1723 Comares, LLC

Dear Sir or Madame:

Enclosed please find our check in the amount of \$30.00 which represents the filing fee for the Amendment.

Thank you in advance for your assistance. If you have any questions, please do not hesitate to contact me.

Sincerely,



Amy Marie Vo

/lb

Enclosure

T (904) 495-0400  
F (904) 495-0506  
(888) 588-2599

104 Sea Grove Main Street  
St. Augustine, Florida 32080  
[www.sjlawgroup.com](http://www.sjlawgroup.com)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1723 COMARES, 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:

Amy Marie Vo, Esq.

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

St. Johns Law Group

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

104 Sea Grove Main Street

\_\_\_\_\_  
Address

St. Augustine, Florida 32080

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

avo@sjlawgroup.com

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

For further information concerning this matter, please call:

Amy Marie Vo, Esq.

904

495-0400

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**

1723 COMIARES, 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 2/21/2014 and assigned

Florida document number L14000030420.

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:**

**(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*

*City*

**Florida**

*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**

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2018 OCT 19 PM 5:43  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL

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	Calhoun Capital Family Limited Partnership, LLC	3900 E. Villa Way	<input type="checkbox"/> Add
		Springfield, MO 65809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Calhoun Family Investments, LLC	3900 E. Villa Way	<input checked="" type="checkbox"/> Add
		Springfield, MO 65809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John F. Youngblood Trust	5744 Castlebay Dr.	<input type="checkbox"/> Add
		Springfield, MO 65809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John F. Youngblood Revocable Trust	5744 Castlebay Dr.	<input checked="" type="checkbox"/> Add
		Springfield, MO 65809	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated 10/12, 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

John F. Youngblood

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

2018 OCT 19 PM 5:43  
JAIL ATTORNEY, FL

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