

# L14000036374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

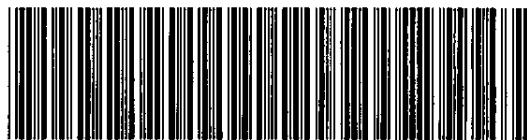
(Document Number)

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

Special Instructions to Filing Officer:

CORRECTION TO DATE PER  
CONVERSATION WITH EMA (STEPHEN  
M. BEYER, P.A.) 5/15/2014  
KS

Office Use Only



200259954972

EFFECTIVE DATE  
5-7-2014

05/07/14--01027--006 \*\*25.00

FILED  
2014 MAY -7 PM 3:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sleepy Holow Properties 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:

**Stephen Beyer, Esq**

Name of Person

**Stephen M.Beyer ,P.A.**

Firm/Company

**1200 N, Federal Hwy, Ste 200**

Address

**Boca Raton, FL 33432**

City/State and Zip Code

**smbpa2007@yahoo.com**

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

For further information concerning this matter, please call:

**Stephen Beyer**

Name of Person

at (561) 416-5474  
Area Code

**416-5474**

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

EFFECTIVE DATE  
5-7-2014

FILED

2014 MAY -7 PM 3:41

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

~~SECRET~~ DEPT. OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

## Sleepy Hollow Properties LLC

**Enter new principal offices address, if applicable:**

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

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

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

**, Florida**

City

Zip Code

*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
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

---

---

---

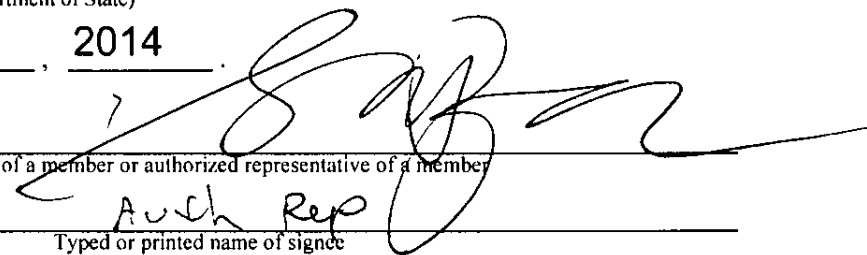
---

---

E. Effective date, if other than the date of filing: May 7, 2014 (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 May 6, 2014.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Stephen Beyer,  
\_\_\_\_\_  
Typed or printed name of signer