

L14 000053754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

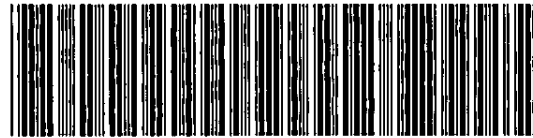
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300258978743

04/22/14--01003--021 **60.00

2014-05-13 12:12

B. BOSTICK
MAY 13 2014
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LotCentric, 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:

Adam Frantz
Name of Person

LotCentric LLC
Firm/Company

31 Monterey St
Address

Ponte Vedra Beach FL 32082
City/State and Zip Code

adam.frantz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Frantz at (904) 874 9439
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**

LotCentric, 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 4/1/2014 and assigned Florida document number L14000053754.

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 end with 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)

31 Monterey St

Ponte Vedra Beach FL 32082

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31 Monterey St

Ponte Vedra Beach FL 32082

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:

Adam Frantz (Authorized Member)

New Registered Office Address:

31 Monterey St

Enter Florida street address

Ponte Vedra Beach

City

Florida

32082

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.

Adam Frantz
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>
<u>Mn</u>	<u>Authorized Member</u> <u>Christopher Andriola</u>	<u>12301 Kernan Forest Blvd</u>	<input type="checkbox"/> Add
		<u>Apt 1904</u>	<input checked="" type="checkbox"/> Remove
		<u>Jacksonville FL 32225</u>	
<u>Mr</u>	<u>Authorized Member</u> <u>Christopher Tennant</u>	<u>1326 Blue Eagle Way East</u>	<input type="checkbox"/> Add
		<u>Jacksonville FL 32225</u>	<input checked="" 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: _____ **(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 April 19, 2014.

Adam Frantz (Authorized Member)
Signature of a member or authorized representative of a member
Adam Frantz
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 APR 22 PM 4:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2014

ADAM FRANTZ
31 MONTEREY STREET
PONTE VEDRA BEACH, FL 32082

SUBJECT: LOTCENTRIC, LLC
Ref. Number: L14000053754

We have received your document for LOTCENTRIC, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 714A00008888

2014 MAY 2 10 12