

L14000055030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

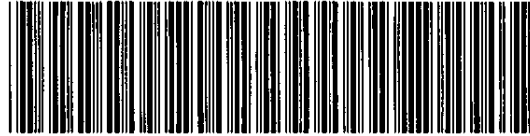
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700275211227

08/20/15--01030--006 **25.00

FILED
2015 AUG 20 P 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2015
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PENINSULA LAND REALTY, 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:

THOMAS D. WRIGHT, ESQUIRE

Name of Person

WRIGHT & CASEY, P.A.

Firm/Company

340 NORTH CAUSEWAY

Address

NEW SMYRNA BEACH, FL 32169

City/State and Zip Code

TWRIGHT@SURFCOASTLAW.COM

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

For further information concerning this matter, please call:

THOMAS D. WRIGHT

386 428-3311
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG 20 P 1:05

FILED

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

PENINSULA LAND REALTY, 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 April 3, 2014 (effective 4-1-14) and assigned Florida document number L14000055030.

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:

394B NORTH CAUSEWAY

Enter Florida street address

NEW SMYRNA BEACH

City

, Florida 32169

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>
MGRM	DONALD L. SELLERS	394B NORTH CAUSEWAY	<input type="checkbox"/> Add
		NEW SMYRNA BEACH	<input checked="" type="checkbox"/> Remove
		FL 32169	<input type="checkbox"/> Change
MGR	SUSAN E. DEMARCO	394B NORTH CAUSEWAY	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH	<input type="checkbox"/> Remove
		FL 32169	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 AUG 20 11:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILE
2015 AUG 20 PM 11:01
SECRETARY OF
TALLAHASSEE.

FILED
2015 AUG 20 P 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 19, 2015

E A Baetymen
Signature of a member or authorized representative of a member

EDWIN A. BAETZMAN

Typed or printed name of signee