

L14 0000 63595

(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



900260215779

05/16/14--01005--011 **25.00

MAY 22 2014

T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 16 PM 1:34

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **3124 South Orange 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:

Theodore C. Schuemann

Name of Person

Firm/Company

228 River Drive

Address

Tequesta, FL 33469

City/State and Zip Code

ted@FLTaxAdvisers.com

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

For further information concerning this matter, please call:

Theodore C. Schuemann at **561 386-5747**

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

2014 MAY 16 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

3124 South Orange 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 18, 2014 and assigned Florida document number L14000063595.

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)

250 Tequesta Drive, Suite 300

Tequesta, FL 33469

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 Tequesta Drive, Suite 300

Tequesta, FL 33469

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:

250 Tequesta Drive, Suite 300

Enter Florida street address

Tequesta

City

, Florida 33469

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 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>Mgr</u>	<u>Tanna, Rajen P</u>	<u>3195 S. Hwy 27</u>	☐ Add
		<u>Clermont, FL 34711</u>	☒ Remove
<u>Mgr</u>	<u>Camara, Garth</u>	<u>250 Tequesta Drive, Suite 300</u>	☒ Add
		<u>Tequesta, FL 33469</u>	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

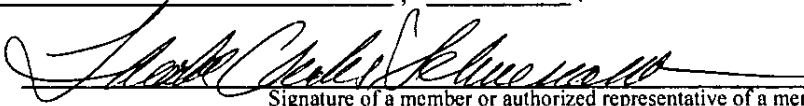
264 MAY 6 PM 1:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 May 14, 2014



Signature of a member or authorized representative of a member

Theodore Charles Schuemann

Typed or printed name of signee

FILED
2014 MAY 16 PM 1:34
CLERK OF STATE
TALLAHASSEE, FLORIDA