L14 800065339

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(Ci	ty/State/Zip/Phone	#)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1410 Pied

1410 Piedmont Drive, 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:

Monique Jackson

Name of Person

Boyd/DuRant, P.L.

Firm/Company

1407 Piedmont Drive East

Address

Tallahassee, Florida 32308

City/State and Zip Code

monique@boydlaw.net

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

For further information concerning this matter, please call:

Monique Jackson

(000) 30

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)

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

1410 Piedmont Drive, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Comparing Florida document number <u>L14000065339</u> .	any were filed on 04/22/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
1410 Piedmont Drive East, LLC		
The new name must be distinguishable and end with the words "Limited I	Liability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	7 00
(Principal office address MUST BE A STREET ADDRESS))	44 3
		NO TIME
		h -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
induing dancess may be a rost office boxi		32/11
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
TOTAL PROGRAMMENT OF THE PROGRAM	Enter Florida street address	
	. Florida	
	City	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 = M $AMBR = A$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			☐ Remove
			
•			Remove
•		_ 	Add D
			Mr. En III.
			Remove 35
			Add
			□ Remove
			Add
			□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing: (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 24 , 2014
	Joseph R. Boyd, Registered Agent Authorized Rep of Member Typed or printed name of signee
	Typed of printed hagne of signee

Page 3 of 3

Filing Fee: \$25.00

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