#1/4000069498

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K. SALY EXAMINER JUN 10 2014

COVER LETTER

	istration Section ision of Corpora				
SUBJECT:	1839	SOUTH	LANE	PLAZA, LLC	
		Na	me of Limited I	Liability Company	
The enclosed	l Articles of Amer	ndment and fee(s) are submitte	ed for filing.	
Please return	all corresponden	ce concerning th	nis matter to the	e following:	
	_	FRED	DIE N	A ARGUILLA Name of Person	<u>. </u>
	-			Firm/Company	
	<u>-</u>	3200	STATI	E ROAD 13 N	
				Address	
	_	SAINT	HOL JOH	NS, FL 322 ty/State and Zip Code	259
	_				-SENIORS · COM
For further in	nformation concer	ming this matter	, please call:		
FREI	DDIE M. Name of Pers	ARGUI	LLA	at (904) 887 Area Code Daytim	7-5914 e Telephone Number
Enclosed is a	check for the fol	lowing amount:			
\$25.00 F	iling Fee 🗖	\$30.00 Filing F Certificate of		\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILING Registration			STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2014 JUN-4 AM 11: 18 SECRETARY OF STATE ALLAHASSEE, FLORIGE
TASSEE, FLORIGE

1839 SOUTH LANE PLAZA, 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 29, 2014 and assigned Florida document number L1400069498

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

The 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:	Enter Florida street address	
	, Florida	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 Title Name **Address Type of Action** GUILLERMO R LABIAL 945 LAS NAVAS PLACE DANG MGR ST. AUGUSTINE, FL 32092 Remove MARJORIE URIARIE-LABIAL 945 LAS NAVAS PLACE _ OAdd AMBR ST. AUGUSTINE, FL 32092 Remove □ Add □ Remove □ Add ☐ Remove □ Add □ Remove ☐ Add ☐ Remove

		<u> </u>
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(The effective date n	if other than the date of filing: (optionust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days a nent is filed by the Florida Department of State)	onal) ofter
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Filing Fee: \$25.00