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2014 JUN -4 AM 11:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN 10 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1839 SOUTH LANE PLAZA, 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:

FREDDIE M ARGUILLA

Name of Person

Firm/Company

3200 STATE ROAD 13 N

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

FARGUILLA@LIFESTYLES4SENIORS.COM

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

For further information concerning this matter, please call:

FREDDIE M. ARGUILLA

Name of Person

at ( 904 )

Area Code

887-5914

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	GUILLERMO R LABIAL	945 LAS NAVAS PLACE	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Remove
AMBR	MARJORIE URIARTE-LABIAL	945 LAS NAVAS PLACE	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<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.)*

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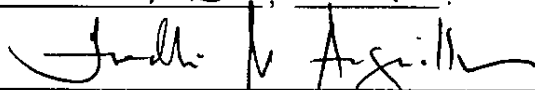
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 05/13, 2014



Signature of a member or authorized representative of a member

FREDDIE M. ARGUILLA

Typed or printed name of signee