

L14 000104337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

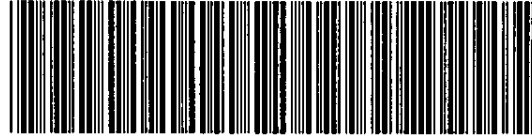
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JAN -2 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JAN 26 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Home Preservation 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:

Jacki Allen Crafton III
Name of Person

Florida Home Preservation LLC
Firm/Company

2228 Ospreywood Acres Dr
Address

St Augustine FL 32084
City/State and Zip Code

allen.crafton@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacki Allen Crafton III at (904) 814-7076
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2014

JACK A. CRAFTON III
2228 DEERWOOD ACRES DR
ST. AUGUSTINE, FL 32084

SUBJECT: FLORIDA HOME PRESERVATION LLC
Ref. Number: L14000104337

We have received your document for FLORIDA HOME PRESERVATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 314A00026087

RECEIVED
14 DEC 17 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

RECEIVED
14 DEC 31 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2014

JACK A. CRAFTON III
2228 DEERWOOD ACRES DR
ST. AUGUSTINE, FL 32084

SUBJECT: FLORIDA HOME PRESERVATION LLC
Ref. Number: L14000104337

We have received your document for FLORIDA HOME PRESERVATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 314A00026087

RECEIVED
14 DEC 31 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Florida Home Preservation 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 6-30-14 and assigned
Florida document number 614000104337

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

City

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.

Jack Allen Crafton IV
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
AMBR	Hal Gutzler	2208 Deerwood Acres Dr	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Hal Gutzler		<input type="checkbox"/> Add
		2208 Deerwood Acres Dr	<input checked="" type="checkbox"/> Remove
		St. Aug Fl. 32084	
AMBR	Jack Allen Craft	2208 Deerwood Acres Dr	<input checked="" type="checkbox"/> Add
		St. Augustine Fl. 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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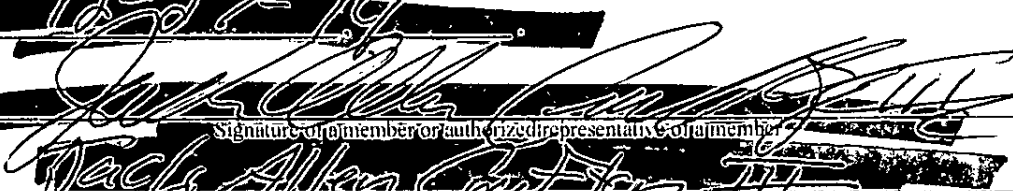
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TALLAHASSEE, FLORIDA

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

12-27-14


Signature of member or authorized representative of a member
Jack Alkan

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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