

L14 000 10 5515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

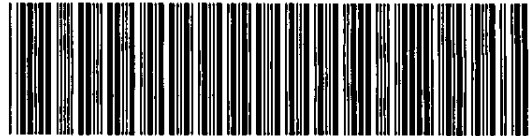
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY - 1 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers MAY 07 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2015

DIANA TARTAGLIA  
770 E MAIN ST STE 242  
LEHI, UT 84043

SUBJECT: 813 NEPTUNE POINT LANE, LLC  
Ref. Number: L14000105519

We have received your document for 813 NEPTUNE POINT LANE, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 515A00003547

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

813 Neptune Point Lane, 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 July 2nd, 2014 and assigned  
Florida document number L14000105519

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

813 Neptune Pointe Lane, LLC

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:

3030 N Rocky Point Dr Ste 150A

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33607

(same as initial filing)

Enter new mailing address, if applicable:

3009 Boating Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Kissimmee, FL 34746

(same as initial filing)

**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

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 = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

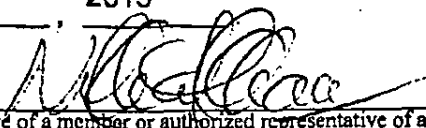
Please notice the name correction.

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: April 14th

2015



Signature of a member or authorized representative of a member

Nikhat Khan

Typed or printed name of signee

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Filing Fee: \$25.00

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