

L14000107155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



(Business Entity Name)

(Document Number)

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[Signature] 8/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FLA TDA1412 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:

FRANK A. EDGERLY

Name of Person

E ESTATE LLC

Firm/Company

227 NORTH JOHN YOUNG PARKWAY

Address

KISSIMMEE, FL 34171

City/State and Zip Code

FRANK@E-ESTATE.US

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

For further information concerning this matter, please call:

FRANK A. EDGERLY

Name of Person

at **407 979-4760**

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

Richard or Susan

ARTICLES OF INTEREST EXCHANGE

Pursuant to section 605.1035, Florida Statutes, I hereby submit the following Abandonment Articles of Interest Exchange:

FIRST: The name of the acquired limited liability company is: FLA TDA1412 LLC

L14000107155

SECOND: The name of the acquiring entity is: E ESTATE LLC

The jurisdiction of formation of the acquiring entity is: FLORIDA

The document number of the acquiring entity is: L14000107155 Log-64667

The acquiring entity is a: LLC
(entity type: corp, llc, lp etc.)

THIRD: The plan of interest exchange was approved by the acquired limited liability entity in accordance with the provisions of ss. 605.1031-605.1036 and by each member of such limited liability company who, as a result of the interest exchange, will have interest holder liability under s. 605.1033(1)(b) and whose approval is required.

FOURTH: The amendments, if any, to the acquired limited liability company's public organic record approved as part of the plan of interest exchange are attached.

FIFTH: ☒ The plan of interest exchange was approved by each acquiring entity that is a party to the interest exchange in accordance with the organic laws in its jurisdiction of formation, or
☐ The plan of interest exchange approval was not required, a statement to that effect.

SIXTH: The acquiring entity has agreed to pay to any members of the acquired entity with appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072.

SEVENTH: The effective date of the interest exchange, if the effective date of the interest exchange is not the same as the date of filing of the articles of interest exchange, subject to the limitations in s. 605.0207 is

(Effective date cannot be prior to the date of filing or more than 90 days after the date of filing)

Donald Johnson
Signature of Authorized person

[Signature]
Signature of Authorized person

DONALD JOHNSON

Typed or printed name of signature

FRANK A. EDGERLY

Typed or printed name of signature

Filing Fee: \$25.00
Certified copy: \$30.00 (optional)

FILED
14 AUG -7 PM 2:45

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

FLA TDA1412 LLC

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

14 AUG -7 10:03 AM
FILED
1412

The Articles of Organization for this Limited Liability Company were filed on 7-7-2014 and assigned
Florida document number L14000107155

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: 227 NORTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34171
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 227 NORTH JOHN YOUNG PARKWAY
KISSIMMEE, FL 34171
(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: FRANK A. EDGERLY

New Registered Office Address: 227 NORTH JOHN YOUNG PARKWAY

Enter Florida street address

KISSIMMEE, Florida 34171

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>
AMBR	TIME VALUE INVESTMENTS LLC	5953 FEATHER LN	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
AMBR	E ESTATE LLC	227 NORTH JOHN YOUNG PARKWAY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34171	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. 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 **AUGUST 2**, **2014**



Signature of a member or authorized representative of a member

DONALD JOHNSON - AUTHORIZED MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG -7 PM 3:46
TREASURY