

L14000110811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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N. Culligan AUG 11 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1124 THL, 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:

Gray Hains

Name of Person

1124 HIGH, LLC

Firm/Company

138 15th Avenue South

Address

Naples, FL 34102

City/State and Zip Code

hains.gary@gmail.com

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

For further information concerning this matter, please call:

Gary Hains

Name of Person

at 239 821-8815

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2014 AUG 11 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1124 THL, 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 7/14/2014 and assigned  
Florida document number L14000110811.

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:

7742 ALICO ROAD

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33912

Enter new mailing address, if applicable:

C/o Gary Hains

(Mailing address MAY BE A POST OFFICE BOX)

138 15th Avenue South

Naples, FL 34102

**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:

GARY HAINS

New Registered Office Address:

138 15th Avenue South

*Enter Florida street address*

Naples

, Florida 34102

*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.*

*[Signature]*  
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>
MGR	1124 HIGH, LLC, a Florida limited liability company	7742 Alico Road	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33912	<input type="checkbox"/> Remove
MGR	The Housing League, Inc.	2046 Treasure Coast Plaza, Suite A-370	<input type="checkbox"/> Add
		Vero Beach, FL 32960	<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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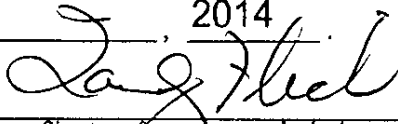
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E. Effective date, if other than the date of filing. \_\_\_\_\_ (optional)

(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)

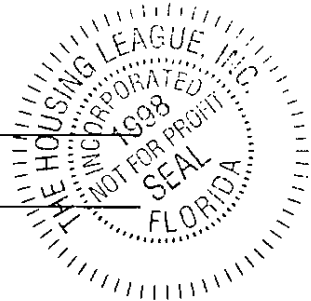
Dated July 25, 2014



Signature of a member or authorized representative of a member

Sandra ("Sandy") Flick

Typed or printed name of signee



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