

L14000113377

AUG. 19, 2015 4:58 PM DIVINE & ESTES, P.A.  
Division of Corporations

00.477 P. 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000200903 3)))



H150002009033ABCU

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DIVINE & ESTES, P.A.  
Account Number : I20020000158  
Phone : (407) 426-9500  
Fax Number : (407) 426-8030

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
747 CLIFFORD DRIVE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

RECEIVED

15 AUG 19 PM 4: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 AUG 19 A 8: 19

FILED

Electronic Filing Menu

Corporate Filing Menu

AUG 19 2015

S MASON

\* (((H15000200903 3)))

**COVER LETTER****TO: Registration Section  
Division of Corporations****SUBJECT: 747 CLIFFORD DRIVE, 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:

Theodore D. Estes, Esquire

Name of Person

Divine &amp; Estes, P.A.

Firm/Company

24 South Orange Avenue

Address

Orlando, Florida 32801

City/State and Zip Code

yesuits@divineestes.com

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

For further information concerning this matter, please call:

Yvonne Suits, Office Manager, Divine &amp; Estes, PA

407 426-9500  
at ( )

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

(((H15000200903 3)))

(((H15000200903 3)))

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

747 CLIFFORD DRIVE, LLC

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

**FILED**  
2015 AUG 19 A 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 17, 2014 and assigned  
Florida document number L14000113377.

This amendment is submitted to amend the following:

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

755 CLIFFORD DRIVE, LLC

The new name must be distinguishable and contain 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)

**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:

Theodore D. Estes

New Registered Office Address:

24 South Orange Avenue

*Enter Florida street address*

Orlando

*City*

Florida 32801MG

*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

(((H15000200903 3)))

(((H15000200903 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Keith T. Smith	747 Clifford Drive	<input type="checkbox"/> Add
		Orlando, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James A. Arnold	410 Turkey Cr	<input type="checkbox"/> Add
		Alachua, FL 32615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gregory Clendenin	1271 Spring Lake Drive	<input type="checkbox"/> Add
		Orlando, FL 32804	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 AUG 19 10 08 19  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(((H15000200903 3)))

((H15000200903 3)))

**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)  
(If an effective date is listed, the date may be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated August 19, 2015

Signature of a member or authorized representative of a member

**Andrew Hytton**

Typed or printed name of signer

Page 3 of 3

**Filing Fee: \$25.00**

((H15000200903 3)))

FILED  
2015 AUG 19 A 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA