

L140001308473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

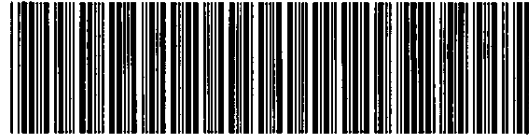
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900263656449

09/04/14--01006--014 **35.00

FILED
SEP 24 2014
FBI

B. BOSTICK

SEP 30 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 109 Lake Dora Dr 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:

Larry Jackson
Name of Person
109 Lake Dora Dr LLC
Firm/Company
2600 N Australian Ave.
Address
West Palm Beach, FL 33407
City/State and Zip Code
larry.jackson@jawscales.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Jackson at (561) 281-6179
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)

*Previously
paid - see
copy of check*

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

SEP 20 2004

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

109 Lake Dora Dr 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 8/20/2014 and assigned Florida document number L14000130843.

This amendment is submitted to amend the following:

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

115 Lake Dora Dr 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:

(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:

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
			<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

SEP 21 2011

FILED

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 Sept 24 2014

Larry Jackson
Signature of a member or authorized representative of a member
Larry Jackson
Typed or printed name of signee

FILED
SEP 24 2014
CLERK OF COURT
JACKSONVILLE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

LARRY JACKSON
109 LAKE DORA DR LLC
2600 N. AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33407

SUBJECT: 109 LAKE DORA DR LLC
Ref. Number: L14000130843

We have received your document for 109 LAKE DORA DR LLC and your check(s) totaling \$35.00. 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.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 014A00019391

FILED
SEP 2 11 16 AM '14
TALLAHASSEE, FL