

L14000132875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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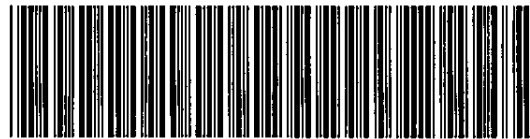
(Business Entity Name)

(Document Number)

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FILED
14 SEP 23 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2014
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OWNER FINANCE 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:

JOHN C. HOWARD
Name of Person

OWNER FINANCE LLC
Firm/Company

11400 LITTLE NELLIE DRIVE
Address

CLERMONT FL 34711
City/State and Zip Code

AKUPSCHRIS@ADL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN HOWARD at (352) 459 1298
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

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14 SEP 23 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OWNER FINANCE 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 8/25/2014 and assigned
Florida document number L14000132875

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:

(Principal office address MUST BE A STREET ADDRESS)

11400 LITTLE NELLIE DRIVE
CLERMONT FL 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11400 LITTLE NELLIE DRIVE
CLERMONT FL 34711

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:

JENNIFER HOWARD

New Registered Office Address:

11400 LITTLE NELLIE DRIVE

Enter Florida street address

CLERMONT

City

Florida

34711

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


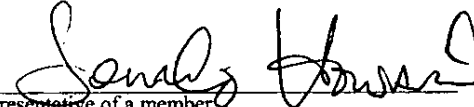
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____ of _____

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 _____, _____.

	
Signature of a member or authorized representative of a member	
JOHN HOWARD	JENNIFER HOWARD
Typed or printed name of signer	

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000132875
FILED 8:00 AM
August 25, 2014
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:
OWNER FINANCE LLC

Article II

The street address of the principal office of the Limited Liability Company is:
11400 LITTLE NELLIE DRIVE
CLERMONT, FL. 34711

The mailing address of the Limited Liability Company is:
11400 LITTLE NELLIE DRIVE
CLERMONT, FL. 34711

Article III

The name and Florida street address of the registered agent is:
JOHN C HOWARD
11400 LITTLE NELLIE DRIVE
CLERMONT, FL. 34711

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOHN C HOWARD

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TALLAHASSEE, FLORIDA

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JENNIFER R HOWARD
11400 LITTLE NELLIE DRIVE
CLERMONT, FL. 34711

L14000132875
FILED 8:00 AM
August 25, 2014
Sec. Of State
thampton

Article V

The effective date for this Limited Liability Company shall be:

08/22/2014

Signature of member or an authorized representative

Electronic Signature: JOHN C HOWARD

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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TALLAHASSEE, FLORIDA