

L14000140841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

NOV 17 2014  
J. BRUCE

## CLEARLAKE PINES OF COCOA, LLC

211 CAROLINE STREET – OFFICE  
CAPE CANAVERAL, FL. 32920  
321-613-2970  
wellsboys@cfl.rr.com

November 6, 2014

Florida Dept. of State  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

Re: Amend Articles

Division of Corporations,

Enclosed please find our check # 101753 payment to Amend the Articles of Organization for: CLEARLAKE PINES OF COCOA, LLC. Document Number L14000140841.

The only thing that was changed was Teeraporn Wells from Managing Member to Authorized Member.

Thank you,



Gail Biddix  
Accounting

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CLERK OF STATE

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CLEARLAKE PINES OF COCOA, 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:

JEFFERY W. WELLS

Name of Person

CLEARLAKE PINES OF COCOA, LLC

Firm/Company

211 CAROLINE STREET - OFFICE

Address

CAPE CANAVERAL, FLORIDA 32920

City/State and Zip Code

WELLSBOYS@CFL.RR.COM

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

For further information concerning this matter, please call:

SHELLY BRINSON

at (

321

Area Code

613-2970

Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

CLEARLAKE PINES OF COCOA, 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 SEPTEMBER 9, 2014 and assigned  
Florida document number L14000140841.

This amendment is submitted to amend the following:

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

N/A

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:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

N/A

**New Registered Office Address:**

Enter Florida street address

City

Florida

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>                      |
|--------------|-----------------|------------------------------|--|
| MMBR         | TEERAPORN WELLS | 211 CAROLINE STREET - OFFICE | <input type="checkbox"/> Add               |
|              |                 | CAPE CANAVERAL, FL. 32920    | <input checked="" type="checkbox"/> Remove |
|              |                 |                              |  |
| AMBR         | TEERAPORN WELLS | 211 CAROLINE STREET - OFFICE | <input checked="" type="checkbox"/> Add    |
|              |                 | CAPE CANAVERAL, FL. 32920    | <input type="checkbox"/> Remove            |
|              |                 |                              |  |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              |  |
|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
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|              |                 |                              | <input type="checkbox"/> Add               |
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|              |                 |                              | <input type="checkbox"/> Add               |
|              |                 |                              | <input type="checkbox"/> Remove            |
|              |                 |                              |  |

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JANET H. STELLINGSMA

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

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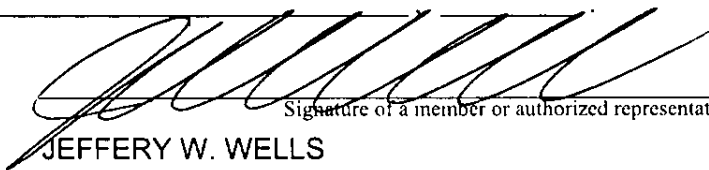
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 November 6 2014

  
Signature of a member or authorized representative of a member

JEFFERY W. WELLS

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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