Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Number: 120010000062 Phone : (323) 962-8600

Fax Number

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SECOND REQUEST. Original submission 9/14/2016.

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Corporate Filing Menu

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COVER LETTER

TO:		stration Se don of Cor			·
SUBJI	rom.				
SOBJI	C(1; _		Name of Lin	nited Liability Company	
The en	iclosed .	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return (all correspo	indence concerning this matter	to the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com, Inc.		
				Firm/Company	
			101 N. Brand Blvd., 116	th Floor	
				Address	
			Glendale, CA 91203		
				City/State and Zip Code	
			LENNY.SIERS@ONEH	OURAIR.COM to be used for future annual report no	diffication)
For fur	tber inf	ormation c	oncerning this matter, please c	·	
Cheye	enne M	oscley		800 773-0888	
	**	Name o	f Person	Area Code Dayti	me Telephone Number
Enclos	ed is a c	check for th	ne following amount:		
□ \$2:	5.00 Fil	ing Fee	S30.00 Filling Fee & Cortificate 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/COUP Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LCAA, LLC (Name of the Limited Limitet Limitet Limitet Limited (A Florida Limited)	nv as it now appears on or	ir records.)	
(A Florida Limited)	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 09/11/20)14 and assigned	
Florida document number L14000142207			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and end with the words 'Limited Liab	villetti Commons ? the declare	tion 19.7 C" or the abbreviation 11.7 C"	
Enter new principal offices address, if applicable:	830 Magnolia Shore		
Principal office address MUST BE A STREET ADDRESS)	Niceville, FL 32578		
Enter new mailing address, if applicable:	830 Magnolia Shore	s Dr	
Malling address MAY BE A POST OFFICE BOX)	Niceville, FL 32578		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name of the	
THE THE PROPERTY OF THE PROPER	z.		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	Clty	Zip Code	
sew Registered Agent's Signiture, if changing Registered Agent:	ee to act in this capac		

If Changing Registered Agent. Signature of New Registered Agent

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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 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

Title	Name	Address	Type of Action
AMBR	Francia A Siers	830 Magnolia Shores Dr	∑ Add
		Niceville, FL 32578	□ Remove
AMBR	Leonard B Sier	632 Carr Dr.	
		Niceville, FL 32578	☑ Remove
AMBR	Leonard Braxton Siers	830 Magnolia Shores Dr	☑ Add
		Nicevillo, FL 32578	□ Remove
			☐ Remove
			
			□ Rəmove
			Add
			Remove

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

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-			
2000-1279-128-11-11-11-11-11-11-11-11-11-11-11-11-11	<u> </u>		
			
Effective date, if (The effective date mutho date this docume	other than the date of filing: ust be specific, cannot be prior to date of receip ent is filed by the Florida Department of State)	or or filed date and cannot be more than s	(optional) O days after
Dated 09/09/2	2016		
	Jeone is		
		authorized representative of a member	
	/	conard Siers printed name of signee	

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Filing Fee: \$25.00