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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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O.BRUCE

COVER LETTER

•	COVERLETTER			
TO: Registration Sect Division of Corpo				
SUBJECT: Mowe	r 60 LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matter to the following:			
	Charlene H. Martin			
	Name of Person			
	Mower 60 LLC			
	Firm/Company			
	1700 Woodlawn Road Lot 6			
	Address	2	201	
	St. Augustine, Florida 32084		2014 OCT	Mark :
	City/State and Zip Code	S_{S}^{∞}	သ	PASSES AND ADDRESS OF THE PASSES AND ADDRESS OF THE PASSES AND ADDRESS AND ADD
	mower60@yahoo.com	THE CHI	P¥	
For further information cor	E-mail address: (to be used for future annual report notification) scerning this matter, please call:	NO PATESTAL	1 է։ 5	A Marie
Charlene II	Mortin 004 006 0607	100 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Charlene H.	at ()			
Name of F	Person Area Code Daytime Telephone Number			
England in a short for the	College in a consense.			
Enclosed is a check for the	•			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Fil	ang Fee,		

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mower 60 LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Torida document number L14000148570	y were filed on September 18, 2014 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
	Lilie Community of LO2 - 4 - 41 - Later of LO2
he new name must be distinguishable and end with the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	. 72
Inter new mailing address, if applicable:	with the second
•	no v
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered of	office address on our records, enter the name of the r
egistered agent and/or the new registered office address her	<u>re</u> :
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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

AMBR = A <u>Title</u>	<u>Name</u>	Address Type of Action
MGR	Charlene H. Martin	1700 Woodlawn Rd Lot 6 _{■ Add}
		St. Augustine, FL 32084 CREMOVE
		□ Remove
		Add
		Remove
		D Remove
		
		Remove
		Remove

It ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
' -	,
_	
_	
-	
_	
(The effe	ve date, if other than the date of filing:
Dated	September 29, 2014
	Charlens H martin
	Signature of a member or authorized representative of a member
	Charlene H. Martin
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

