

LI4000160070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

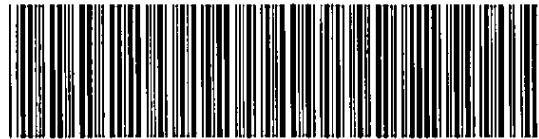
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: /

Office Use Only



000319386810

10/16/18--01008--030 **25.00

RECEIVED
OCT 15 2018

FILED
2018 OCT 15 AM 7:36
RECEIVED
CLERK OF SUPERIOR COURT
JANUARY 10 2019

M. MILLIGAN
OCT 20 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: APOPKA GOLF & TENNIS @ ERROL ESTATE, 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:

ANDREW KLEIN

Name of Person

Firm/Company

P.O. Box 1965

Address

APOPKA, FL 32704

City/State and Zip Code

JK441 @ aol.com

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

For further information concerning this matter, please call:

ANDREW KLEIN

Name of Person

at (407)

Area Code

230-8766

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

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

Apopka Golf & Tennis @ Errol Estate, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2008 OCT 15 AM 11:36
CLERK OF COURT
STATE OF FLORIDA
HALL COUNTY

The Articles of Organization for this Limited Liability Company were filed on 10-14-2014 and assigned
Florida document number L14000160070.

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 contain 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)

1583 Championship Ct.

Apopka, FL 32712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1965

Apopka, FL 32704

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:

ANDREW R. KLEIN

New Registered Office Address:

1583 CHAMPIONSHIP CT.

Enter Florida street address

Apopka

City

Florida

32712

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	JULIAN KLEIN	1583 Championship Ct	<input type="checkbox"/> Add
		Apopka, FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL E. BORDERS	1186 VILLA LN.	<input type="checkbox"/> Add
		Apopka, FL 32712	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Klein, as FR of the Estate of Julian L. Klein	1583 Championship Ct.	<input checked="" type="checkbox"/> Add
		Apopka, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrew Klein	1423 Oak Place Apt A	<input checked="" type="checkbox"/> Add
		Apopka, FL 32712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: July 17, 2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

9/29/18

Signature of _____

PR Esht sz Jü. sz Klein

Signature of a member or authorized representative of a member

Robert L Klein

Typed or printed name of signee

2010 OCT 15 AM 7:36

5
6
7
8
9