

L14000165360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

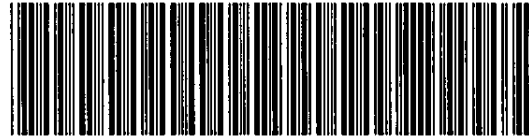
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2015

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: Arbomere Property Owner's Association Limited Liability Company
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:

Robert O. Williams
Name of Person

Williams, Smith & Summers, P.A.
Firm/Company

380 West Alfred Street
Address

Tavares, FL 32778
City/State and Zip Code

rqw@wssattorneys.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Hall at (352) 343-6655 X113
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN 27 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

December 19, 2014

ROBERT Q WILLIAMS
WILLIAMS SMITH & SUMMERS PA
380 W ALFRED ST
TAVARES, FL 32778

SUBJECT: ARBOMERE PROPERTY OWNER'S ASSOCIATION LIMITED
LIABILITY COMPANY
Ref. Number: L14000165360

We have received your document for ARBOMERE PROPERTY OWNER'S ASSOCIATION LIMITED LIABILITY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 414A00026961

LAW OFFICES
WILLIAMS, SMITH & SUMMERS, P.A.
380 WEST ALFRED STREET
TAVARES, FLORIDA 32778

CHRISTOPHER J. SMITH
GARY L. SUMMERS
ROBERT Q. WILLIAMS
KAELY SMITH FRYE

TELEPHONE:
(352) 343-6655
FAX (352)343-4267

January 21, 2015

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

Re: Arbormere Property Owner's Association Limited Liability Company

To Whom It May Concern:

Enclosed please find the following:

1. Your December 19, 2014 letter to me along with the enclosures.
2. Cover letter to the Registration Section Division of Corporations.
3. Articles of Amendment to Articles of Organization of Arbomere Property Owner's Association Limited Liability Company which amends a typographical error in the name to Arbormere Property Owner's Association Limited Liability Company.

Please contact me with any questions or concerns.

Sincerely,



Robert Q. Williams

RQW/dlh
Enclosures

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

Arbomere Property Owner's Association Limited Liability Company
(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 October 23, 2014 and assigned Florida document number L14000165360.

This amendment is submitted to amend the following:

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

Arbomere Property Owner's Association Limited Liability Company

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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:

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, 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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

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 1-8-15

Richard K. Etheredge

Signature of a member or authorized representative of a member

Richard K. Etheredge

Typed or printed name of signer

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