

L14 000 147186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

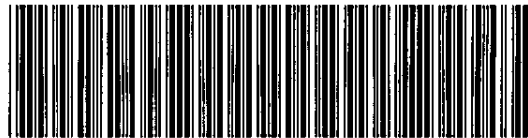
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR - 6 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 21 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

1800 WEST KING, LLC

SUBJECT: _____
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:

DAWN R PASKI

Name of Person

Firm/Company

5580 CANGRO ST

Address

COCOA, FL 32926

City/State and Zip Code

drook40@aol.com

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

For further information concerning this matter, please call:

DAWN PASKI

321

543-9402

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

1800 WEST KING, 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 10/27/2104 and assigned
Florida document number L14000167186

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 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)

5580 CANGRO ST

COCOA, FL 32926

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5580 CANGRO ST

COCOA, FL 32926

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:

STANLEY H PASKI

New Registered Office Address:

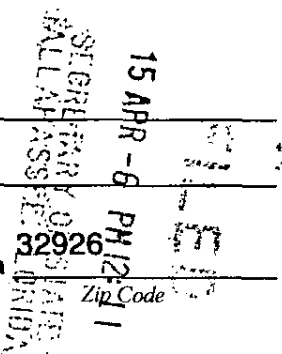
5580 CANGRO ST

Enter Florida street address

COCOA

Florida

City



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.

Stanley Paski

If Changing Registered Agent, Signature of New Registered Agent

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>
MGR	PAULA BERNKRANT	331 FILMORE AVE	<input type="checkbox"/> Add
		CAPE CANAVERAL, FL 32920	<input checked="" type="checkbox"/> Remove
MGR	STANLEY H PASKI	5580 CANGRO ST	<input checked="" type="checkbox"/> Add
		COCOA, FL 32926	<input type="checkbox"/> Remove
MGR	DAWN R PASKI	5580 CANGRO ST	<input checked="" type="checkbox"/> Add
		COCOA, FL 32926	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA
5 APR 6 PM 12:10
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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

4/3/15



Signature of a member or authorized representative of a member

DAWN R PASKI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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