## L14000175049

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.0)
PICK-UP WAIT MAIL
(Delicate Fath Mana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

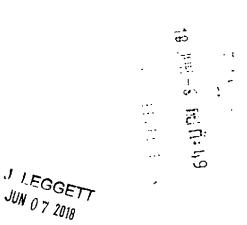
Office Use Only



500313755825

05/30/18--01008--005 \*\*30.00

RECEIVED MAY 29 2018





May 30, 2018

CHRISTY MEYER 337 DRUM POINT RD, STE 2A BRICK, NJ 08723 US

SUBJECT: JM DANIELS PKWY LLC

Ref. Number: L14000175049

We have received your document for JM DANIELS PKWY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Letter Number: 218A00011227

Judy A Leggett Regulatory Specialist II Registration Section

www.sunbiz.org

## **COVER LETTER**

Division of Corporations
SUBJECT: TM Diniels Pkwy 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:
ACE Accounting Somes  Firm/Company
337 Drum Point Rd, Stc 2A
Brick State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mrish Muy at (73) 395 8891  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  S25.00 Filing Fee \$\sim \text{S30.00 Filing Fee & Gertificate of Status} \square \text{S55.00 Filing Fee & Gertified Copy (additional copy is enclosed)} \square \text{S60.00 Filing Fee.} \text{Certified Copy (additional copy is enclosed)} \square \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section

TO:

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

(Name of the Limited Lia	bility Company as it now appears on rida Limited Hability Company)	our records.)	
The Articles of Organization for this Limited Liability	y Company were filed on	(	gned
This amendment is submitted to amend the following	•		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and contain the words "l	Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.	,C."
Enter new principal offices address, if applicable:		1	
(Principal office address MUST BE A STREET AD	DRESS)	1	-
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<i>y</i> **	
	· <del></del>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	C.	ir records, <u>enter the name o</u>	f the new
Name of New Registered Agent:	<del>.</del>		
New Registered Office Address:			
	Enter Florida .	street address	
_		Florida	
	Ciţy	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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Christine Cancro	212 Chicago Blud Sca Furt No 08 50	
		Sa Firt NO OSTO	□ Remove
			Change
AMBR	Frank Czaszynski	12892 Kingsmill Wary	
	-	Ft Myers, PL 33913	Remove
		,	Change
			□ Remove
			Change
			□ Add
		<del></del>	□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			□ Change

	<u> </u>	·	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<del></del>		
			_
	<del></del>		
	<del></del>		— <u>—</u>
		•	ä
		;	t .
		<u>;</u>	<del></del>
		•	
	-	-	
	-		
ective date, if other than the date of filing:  1 effective date is listed, the date must be specific and cannot be prior to date of filing	or more than 90 days aft	<b>tional)</b> er filing.) Pi	ursuant to 605.0
te: If the date inserted in this block does not meet the applicable statutory rument's effective date on the Department of State's records.	filing requirements, th	nis date wi	ll not be listed
·			
record specifies a delayed effective date, but not an effective	ve time, at 12:01	a.m. on	the earlier
he 90th day after the record is filed.			
100 May 30 2018			
CC 17 400 10 10 10 10 10 10 10 10 10 10 10 10 1			
fignature of a member or authorized represent			

Page 3 of 3

Filing Fee: \$25.00