114000180692

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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17 APR 20 PH 1: 40

2017 APR 10 AH 10: 40

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April 12, 2017

ROSS STATHAM 4698 LISETTE CIR BROOKSVILLE, FL 34604

SUBJECT: DOGWOOD MANAGEMENT PARTNERS LLC

Ref. Number: L14000180692

We have received your document for DOGWOOD MANAGEMENT PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate if you are adding, changing or removing on each name listed on page 2.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 817A00007046

2017 APR 20 PH 12: 06

COVER LETTER

TO:				
CUD.		od Management Partners LLC		
SUB	JEC1:	Name of Lim	nited Liability Company	
The 6	enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return all corres	pondence concerning this matter	to the following:	
		Ross E. Statham		
	Dogwood Management Partners 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: Ross E. Statham Name of Person Dogwood Management Partners LLC Firm/Company 4698 Lisette Cir Address Brooksville, FL 34604 City/State and Zip Code stathamross@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ross E. Statham at (
		Dogwood Management Pa	rtners LLC	
	Dogwood Management Partners 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: Ross E. Statham Name of Person Dogwood Management Partners LLC Firm/Company 4698 Lisette Cir Address Brooksville, FL 34604 City/State and Zip Code stathamross@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Ross E. Statham Name of Person Name of Person Name of Person Name of Person Positing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy Certificate of Status & Certified Copy Cutificate of Status & Certified Copy Certificate Of Status & Certified Copy Certificate Of Status & Certified Copy			
		4698 Lisette Cir		
			Address	
		Brooksville, FL 34604		
			City/State and Zip Code	
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: Ross E. Statham Name of Person Dogwood Management Partners LLC Firm/Company 4698 Lisette Cir Address Brooksville, FL 34604 City/State and Zip Code stathamross@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ross E. Statham 1770 329-5400 Daytime Telephone Number Enclosed is a check for the following amount:				
	fication)			
For fi	urther information	concerning this matter, please ca	all:	
Ross	E. Statham		,	
4	Name	of Person		e Telephone Numbor
Enclo	osed is a check for	the following amount:		
EQ S	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

	gement Partners LLC	
(Name of the Limited Liability Cor (A Florida Limit	nnany as it now appears on our records.) ed Liability Company)	
		and assigned
his amendment is submitted to amend the following:		or the abbreviation "L.C."
L. If amending name, enter the new name of the limited li	document number L14000180692 endment is submitted to amend the following: mending name, enter the new name of the limited liability company here: name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ew principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) ew mailing address, if applicable: g address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new	
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the al	obreviation "L.L.C."
nter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS</u>		
inter new mailing address, if applicable:		8
• • • • • • • • • • • • • • • • • • • •		79
riding duress mill be A 1 007 0111CE BOX		and the second s
 If amending the registered agent and/or registered egistered agent and/or the new registered office address h 		the name of the n
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
***************************************	, Florida	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>	Address	Type of Action
MGR	Paul L. Maynard	4698 Lisette Cir, Brooksville, FL 34604	⊟ Add
			□ Remove
			Change
AMBR	Edward P. Rigel, Jr.	4698 Lisette Cir. Brooksville, FL 34604	Add
			☐ Remove
		·	■ Change
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Tective date, if other than the an effective date is listed, the date material of the date inserted in this bis current's effective date on the D	st be specific and cannot be prior lock does not meet the applic	able statutory filing require	(optional) 00 days after filing.) Pursuant to ements, this date will not be	605.0207 (3 listed as the
record specifies a delayed The 90th day after the rec	d effective date, but no cord is filed.	ot an effective time, a	t 12:01 a.m. on the ea	arlier of:
ated April 5	2017	·		
ated				

Page 3 of 3

Filing Fee: \$25.00