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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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2015 AUG 20 PH 3: 13
SECRETARY OF STATE

K.SALY EXAMINER AUG 21 2015

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT:	
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Raymon J Land 111 Name of Person	
	111 Rendezvous LLC / Ray LandInc P.D. Box 214 / 304 SW Suwannee A	
	P.O. BOX 214 / 304 SW SUWahnee A	10
	Branford, Fr 32008	
	City/State and Zip Code ray land E ray - Land - Com E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
•	Ray Land at (386) 9352700 Name of Person at (366) Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
\$2.	5.00 Filing Fee Scrifficate of Status	

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

	OI .	11 6.
III Rendez	LVOUS LLC	ZOIS AUG 20 PH 3:
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	7/A 0 2 1 //2
The Articles of Organization for this Limited Liability (Florida document numberL	Company were filed on $\frac{2/27/15}{4.1}$	and assigned FLORIO
This amendment is submitted to amend the following:		
A If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company "the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		e above viation 12.12.e.
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, ent dress here:	er the name of the new
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

or removed from our records: MGR = Manager AMBR = Authorized Member **Title** Name **Address Type of Action** P.O.BOX214 Branford.FL 32008 ☐ Remove _□ Change □ Add ☐ Remove □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

□ Add

☐ Remove

☐ Change

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	vs data if other than the data of filings 8 17 15
an effe	ctive 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
<u>ote:</u> ocume	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
me	90th day after the record is filed.
ated _	Dugust 17 2015
	- $ -$
	Signature of a member or authorized representative of a member
	Raymon J Land III

Page 3 of 3

Filing Fee: \$25.00