Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARNOLD MATHENY & EAGAN, P.A.

Account Number : I20000000141 Phone : (407)841-1550 : (407)841-8746 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2013 JAFFA DRIVE LLC

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Corporate Filing Menu

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APR - 2 2015

T HAMPTON

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC	2013 JA	FFA DRIVE LLC			
SOBJEC	-1:	Name of Lin	nited Liability Company		
		ì			
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Lehn E. Abrams			
			Name of Person		
		Arnold, Matheny & F	Eagan, P.A.		
			Firm/Company		
		605 E. Robinson St	reet, Suite 730		
			Address		
		Orlando, FL 32801			
		City/State and Zip Code			
		labrams@ameorl.co	m to be used for future annual report noti	fication)	
For furth	er information c	concerning this matter, please o	•	induiting)	
Lehn E	E. Abrams		407 841-1550		
	Name o	f Person	at ()	e Telephone Number	
Enclosed	is a check for the	he following amount:			
\$25.0	00 Filin g F ee	□ \$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)	
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectic Division of Corpo	מפ	

P O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15 APR -1 AM 7: 56
SECRETARY OF STATE

2013 JAFFA DRIVE LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A Florida Lim	ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L15000040229	pany were filed on March 4, 2015 and assigned
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	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4855 Joe Overstreet Road Kenansville, FL 34739
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, enter the name of the name:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Zip Code
	Cny Edy 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Add
			□ Remove
			Remove
			ASE 15
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		HASSI FIORIDA HASSI FIORIDA Add	
		ORIDA Add	
			☐ Remove
			Add
			☐ Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Effective da The effective of the clare this d	ate, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
Dated Apri	2015
	With
***	Signature of a member or authorized representative of a member
L	_ehn E Abrams
_	Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE