

L15000068576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

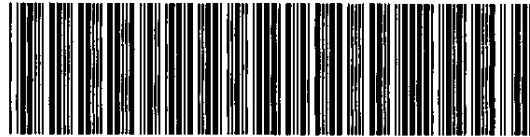
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000272175530

04/29/15--01012--012 \*\*25.00

FILED  
2015 MAY 28 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAY - 6 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MLT Associates Florida, 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:

Michael Turner

Name of Person

MLT Associates Florida, LLC

Firm/Company

7950 Midnight Pass Rd

Address

Sarasota, FL 34242

City/State and Zip Code

mtturner220@gmail.com

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

For further information concerning this matter, please call:

Michael Turner

at ( 410 ) 490-1797

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2015

MICHAEL TURNER  
MLT ASSOCIATES FLORIDA LLC  
7950 MIDNIGHT PASS RD  
SARASOTA, FL 34242

SUBJECT: MLT ASSOCIATES FLORIDA, LLC  
Ref. Number: L15000068576

We have received your document for MLT ASSOCIATES FLORIDA, 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):

The effective date must be specific and cannot be prior to the date of filing.

Articles of Amendment was received on 04/29/15.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 815A00009437

*Saxins*  
*5/28/15*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2015 MAY 28 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MLT Associates Florida, 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 April 20, 2015 and assigned  
Florida document number L15000068576.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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 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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Julie Turner	7950 Midnight Pass Rd	<input type="checkbox"/> Add
		Sarasota, FL 34242	<input checked="" type="checkbox"/> Remove
AMBR	Michael Turner	7950 Midnight Pass Rd	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Effective date, if other than the date of filing: April 22, 2015 (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 April 22, 2015

Michael Turner  
Signature of a member or authorized representative of a member

Michael Turner

Typed or printed name of signer

FILED  
2015 MAY 28 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA