L15000086927

(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



200274270282

Ũ6/26/15--Û1Û27--ÛÛ8 **6Û.ÛÛ

5 JUN 26 PH 3: 13

UM 29 2015 J. HARRIS

COVER LETTER

то:	Registration Sec Division of Corp							
		N PINECREST, LLC						
SUBJI	ECT:	Name of Limited Liability Company						
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.					
Please	return all correspon	ndence concerning this matter t	to the following:					
		Paul J. Bupivi						
			Name of Person					
		LAWRENCE & ASSOCIA	TES					
	•		Firm/Company					
		1990 Main Street - Suite 75	50					
			Address					
		Sarasota, Florida 34236						
		glynisgleasoncordeiro@gma	City/State and Zip Code					
			o be used for future annual report notifi	cation)				
For fu	rther information co	oncerning this matter, please ca	all:					
Paul J	Bupivi		941 404-6360					
	Name of	f Person	at () Area Code Daytime	Telephone Number				
Enclos	sed is a check for th	e following amount:						
□ \$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONDO ON PINECREST, 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 ______ Florida document number ____L15000086927 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 contain 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Glynis Gleason-Cordeiro	5445 Ashton Manor Drive	■ Add
		Sarasota, Florida 34233	□ Remove
			Change
MGR	Dorothy J. Moecker Trust	5445 Ashton Manor Drive	□ Add
		Sarasota, Florida 34233	■ Remove
			Change
			□ Add
			□ Remove
			Change
			TRemove
			33. 6 E
		,	Change
			Remove
			☐ Change
			□ Add
			Remove
			□ Change

•				
	1 1			·
	<u> </u>			
				·· · ·
				<u></u>
•				
			<u></u>	
				
*****				<u></u>
				
		· . 		<u></u>
			<u>.</u>	
Effective dat	e, if other than the date of filing	g:	(optional)	. D
fan effective da Note: If the d	te is listed, the date must be specific and ate inserted in this block does not r	I cannot be prior to date of filing or n neet the applicable statutory filir	nore than 90 days after filing. 19 requirements, this date	yill not be listed as t
locument's ef	fective date on the Department of S	State's records.	.,	
e record s	pecifies a delayed effective of day after the record is filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of
	,			
June 23	1	2015		
Dated		·	_	
				를
			$\eta \nearrow$	
	Signature of	member or authorized representative	e of a member	
Gl	ynis Gleason-Coreiro, Trustee of th	Dorothy J Moecker Revocable	Trust	#26
	, Silvenia, Tradice of th			
		Typed or printed name of signee		
		Dogo 2 of 3		景点る

Page 3 of 3

Filing Fee: \$25.00