

L15000140970

(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:

not signed

Office Use Only



900280640549

01/20/16--01029--001 **110.00

2016 FEB - 3 P 2:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

FEB 04 2016

3 MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2016

KIMBERLYL. SAPP, ESQ
15 N. OAK AVENUE
LAKE PLACID, FL 33852

SUBJECT: G3 RANCH HIGHLANDS, LLC
Ref. Number: L15000140970

We have received your document for G3 RANCH HIGHLANDS, LLC and your check(s) totaling \$110.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 116A00001399

COVER LETTER

TO: **Registration Section**
* **Division of Corporations**

SUBJECT: G3 RANCH HIGHLANDS, 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:

Kimberly L. Sapp, Esq.

Name of Person

Kimberly L. Sapp, P.A.

Firm/Company

15 N. Oak Avenue

Address

Lake Placid, Florida 33852

City/State and Zip Code

kimsapp@sapplawpa.com

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

For further information concerning this matter, please call:

Roger M Pomerance

561

998-8047

at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G3 RANCH HIGHLANDS, 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 08/18/2015 and assigned
Florida document number L15000140970.

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:

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 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>	<u>Address</u>	<u>Type of Action</u>
MEM	FEC SERVICES, LLC	1900 NW Corporate Blvd	☐ Add
		Suite 201E, East Bldg	☒ Remove
		Boca Raton, FL 33431	☐ Change
AMBR	W.C.W. HOLDINGS, LLLP	747 SW 48TH AVENUE	☒ Add
		OKEECHOBEE, FL 34974	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2016 FEB - 3 P 2:50
CLERK OF STATE
FLORIDA

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated December 31 2015

Rep. Ferraro, Pres. of FEC Sec. 4.4C

Roger M Pomerance, Pres, for FEC SERVICES, LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2016 FEB - 3 P 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA