

L15 000197527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

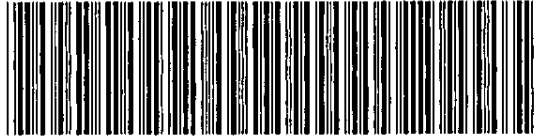
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017  
Date: 3-29-16  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

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Corporation Name: Chestnut of Tavares, LLC

Email Address: \_\_\_\_\_

Entity Number: L15000197527

Authorization: Kim Pullen

3-29-16  
Amendment

☒ Certified Copy

☒ Certificate of Status

☐ New Filings

☐ Plain Stamped Copy

☐ Annual Report

☐ Fictitious Name

☒ Amendments

☐ Registration

( X ) Call When Ready

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Client: 23271

Matter: 81317

Name: N. Linan

Office: TLH

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Name: N. Liman Office: TLH

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

CHESTNUT OF TAVARES, 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 November 30, 2015 and assigned  
Florida document number L15000197527.

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)

N/A

N/A

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TALLAHASSEE, FLORIDA

**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:

N/A

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>
MGR	Bryan Cagan	16554 Crossings Blvd.	<input type="checkbox"/> Add
		Clermont, FL 34714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tavares Equity Partners, LLC a Florida limited liability company	16554 Crossings Blvd.	<input checked="" type="checkbox"/> Add
		Clermont, FL 34714	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

See Page 4 of 5 attached

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective 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 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated \_\_\_\_\_, 2016

See Attached  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee

Revise the initial members in Article 6 to read as follows:

**MANAGER:**

Tavares Equity Partners, LLC, a Florida  
limited liability company

**MEMBERS:**

Jeffrey Cagan

Robert M. Hickey, Living Trust

Bryan Cagan, as Grantor for BZC Revocable Trust

Baybrink Atwater – LLC

Joseph Gottesman

Michael Daniels, MMD Family Limited Partnership

William J. Deas P.A. Profit Sharing Plan

Executed in several counterparts.

MANAGER:

Tavares Equity Partners, LLC, a Florida  
limited liability company

By: Jeffrey Cagan  
Jeffrey Cagan, As Its Manager

MEMBERS:

Jeffrey Cagan  
Jeffrey Cagan

Robert M. Hickey  
Robert M. Hickey, Living Trust

Bryan Cagan  
Bryan Cagan, as Grantor for BZC  
Revocable Trust

Baybrink Atwater  
Baybrink Atwater - LLC

Joseph Gontesman  
Joseph Gontesman

Michael Daniels  
Michael Daniels, MMD Family Limited  
Partnership

William J. Deas  
William J. Deas P.A. Profit Sharing Plan

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