

L15000206875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

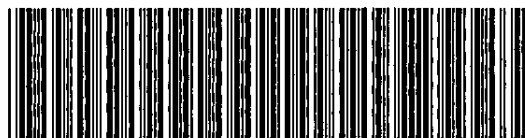
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT  
MAR 9 2017

## COVER LETTER

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

OHANA HOMES LLC

**SUBJECT:** \_\_\_\_\_  
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:

BENJAMIN LOHR

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

4936 LAKE SHARP DR

\_\_\_\_\_  
Address

ORLANDO, FL 32817

\_\_\_\_\_  
City/State and Zip Code

BENNYLOHR@COMCAST.NET

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

For further information concerning this matter, please call:

BENJAMIN LOHR

407 595-1927

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

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OHANA HOMES LLC

Page 1 of 3

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>
AMBR	BENJAMIN R LOHR	4936 LAKE SHARP DR	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANNA D LOHR	4936 LAKE SHARP DR	<input type="checkbox"/> Add
		ORLANDO, FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Benjamin Randolph Lohr and Anna Catherine Davich Lohr, Trustees, or their successors in interest, of the Benjamin and Anna Lohr Living Trust dated November 25, 2015, and any amendments thereto.	4936 LAKE SHARP DR	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32817	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

**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 FEBRUARY 10, 2017

Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

BENJAMIN LOHR

Typed or printed name of signee

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