

L16000005205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

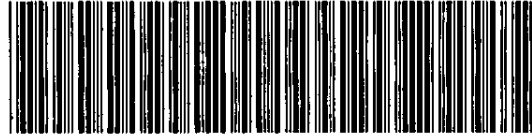
(Document Number)

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

Special Instructions to Filing Officer:

Wrong form

Office Use Only



800284352148

04/08/16--01007--003 \*\*35.00

FILED  
2016 APR 19 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2016 APR 19 PM 12:39

TALLAHASSEE, FLORIDA

April 11, 2016

FLETCHER MANAGEMENT COMPANY  
ATTN: KAREN HEYKENS  
101 E. TOWN PLACE, ST 245  
ST. AUGUSTINE, FL 32092

SUBJECT: FLETCHER DAVIS REALTY, LLC.  
Ref. Number: L16000005205

We have received your document for FLETCHER DAVIS REALTY, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan  
Senior Section Administrator

Letter Number: 716A00007370

*Michelle*  
*Thank you for sending correct form!*  
*Karen*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fletcher Davis Realty 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:

Karen Heykens  
Name of Person

Fletcher Management Company  
Firm/Company

101 E. Town Place, Ste 245  
Address

St. Augustine, FL 32092  
City/State and Zip Code

Kbh @ Fletchermgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Heykens at 904 285-6921  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

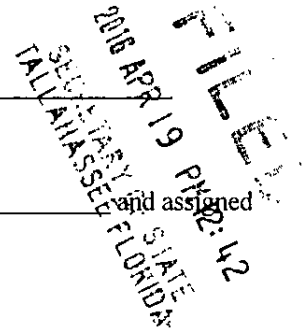
### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Fletcher Davis Realty

(Name of the Limited Liability Company as it now appears in our records.)  
(A Florida Limited Liability Company)



The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number LI6 000005205.

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

2016 APR 19 PM 12:22  
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Vance F. Askew	101 E. Town Place	<input checked="" type="checkbox"/> Add
		Sto. 245	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input type="checkbox"/> Change
MGR	Douglas M. Davis, Jr.	101 E. Town Place	<input checked="" type="checkbox"/> Add
		Sto. 245	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input type="checkbox"/> Change
P	Douglas M. Davis Jr.	101 E. Town Place	<input checked="" type="checkbox"/> Add
		Sto. 245	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input type="checkbox"/> Change
VP	Vance F. Askew	101 E. Town Place	<input checked="" type="checkbox"/> Add
		Sto. 245	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input type="checkbox"/> Change
VP	G. Danny Edwards	101 E. Town Place	<input checked="" type="checkbox"/> Add
		Sto. 245	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input type="checkbox"/> Change
VP	Ronald Lamm	101 E. Town Place	<input checked="" type="checkbox"/> Add
		Sto 245	<input type="checkbox"/> Remove
		St. Augustine, FL 32092	<input type="checkbox"/> Change

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>
<u>S</u>	<u>Bonald Lamm</u>	<u>101 E. Town Place</u>	<input checked="" type="checkbox"/> Add
		<u>Sto. 245</u>	<input type="checkbox"/> Remove
		<u>St. Augustine, FL 32092</u>	<input type="checkbox"/> Change
<u>T</u>	<u>G. Danny Edwards</u>	<u>101 E. Town Place</u>	<input checked="" type="checkbox"/> Add
		<u>Sto. 245</u>	<input type="checkbox"/> Remove
		<u>St. Augustine, FL 32092</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILE  
2006 APR 19 PM 12:42  
TALLAHASSEE FLORIDA  
STATE

[illegible]

(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)

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.

Typed or printed name of signee

2016 APR 19 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA