# L16000017123

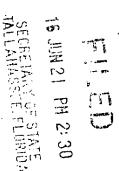
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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J. HORRES

# **COVER LETTER**

	gistration Sec vision of Corp		f	·
SUBJECT:		on Park, LLC	•	
SUBJECT.	·	Name of Limi	ited Liability Company	
		Amendment and fee(s) are subr	-	
Please retur	n all correspor	ndence concerning this matter t	to the following:	
		Carol Westfall	·	
		_	Name of Person	
		Waterford Properties and R	Leal Estate	
Firm/Company				<del></del>
16630 North Dale Mabry Highway				
	Address			<del> </del>
		Tampa, FL 33618		
			City/State and Zip Code	
		cwestfall@waterford.cc		
For further	information co	oncerning this matter, please ca	o be used for future annual report notificall:	ation)
Carol West			813 962-6544,x302 Area Code Daytime T	2
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	e 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

Lake Brandon Park, LLC				
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)		_
The Articles of Organization for this Limited I Florida document number <u>L16000017123</u>	Liability Company were fil	led on	and	assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability con	npany here:		
The new name must be distinguishable and contain the	•	any," the designation "LLC" or the	e abbreviation	"L.L.C."
Enter new principal offices address, if appli	cable:	-		
(Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable:			SEC	orb
(Mailing address MAY BE A POST OFFICE	<del></del> .		3	
			<u> </u>	
B. If amending the registered agent and	Vor registered office ad	dress on our records ent	erothe non	e of the ne
registered agent and/or the new registered of		uress on our records, <u>ene</u>	AIE AIE	. <del></del>
Name of New Registered Agent:	John W. Westfall			
New Registered Office Address:	16630 North Dale Mabr	<u> </u>		
		Enter Florida street address		
	Tampa	, Florida		
	City	·	Zip Co	de

### 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

JOHN W. WESTEALL

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>	Name	Address	Type of Action
MGRM	JCNK Management, LLC	16630 North Dale Mabry Highway	■ Add
		Tampa, FL 33618	□ Remove
		<del></del>	Change
MGRM	John Westfall	16630 N. Dale Mabry Hwy	Add
		Tampa, FL 33618	_ ■ Remove
			Change
			Add
			☐ Remove
			Change
		·	Add
			Remove
			Change
<del></del>		. <u> </u>	S C Remove
			GREEN BAdd
			□ Remove
			☐ Change

). If amending any other	information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
<del></del>	<del></del>	•
	, .	
		1
		<del></del>
(If an effective date is listed, the Note: If the date inserted	than the date of filing: (op the date must be specific and cannot be prior to date of filing or more than 90 days at in this block does not meet the applicable statutory filing requirements, to the on the Department of State's records.	fter filing.) Pursuant to 605.0207 (3)
the record specifies a  The 90th day after	delayed effective date, but not an effective time, at 12:01 the record is filed.	La.m. on the earlier of:
Dated June 14	, 2016	TALS 16
		LANA TO THE CONTRACT OF THE CO
	Signature of a member or authorized representative of a member	SA 2
John W. West	fall, authorized respresentative of member	P T
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00