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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

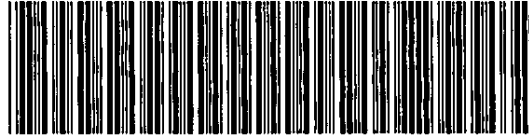
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/21/16--01036--011 **25.00

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16 JUN 21 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Concerned Property Owners of Ashbrook
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:

B. Matte

Name of Person

Westfield

Firm/Company

393 Old Gentry Rd Suite 300

Address

Carle Place N.Y. 11574

City/State and Zip Code

AlanrosenCAA1@Yahoo.com

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

For further information concerning this matter, please call:

B. Matte

Name of Person

at (516-)

Area Code

312-5367

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

FLA Dept
of State

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

~~Concerned Property Owners of Ashbrook~~ Concerned Property Owners of Ashbrook
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 1-25-16 and assigned
Florida document number L16000017525

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mu 1st Parcel Realty Development LLC
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)

393 Old Country Rd - Suite 300
Carle Place NY 11514

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as Above

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:

As Is

New Registered Office Address:

Enter Florida street address
City, Florida 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

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CLERK OF COUNTY OF S
T. LEE
TALLAHASSEE, FLORIDA

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>
AP	Alan Book		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		242 So Washington Blvd - Sarasota FL 34236	<input checked="" type="checkbox"/> Change ^{Address}
AP	Michael Book		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		242 So Washington Blvd - Sarasota FL 34236	<input checked="" type="checkbox"/> Change ^{Address}
			<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"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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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 6-15, 2016

Alan R. B. AP

Signature of a member or authorized representative of a member

Alan Book

Typed or printed name of signee

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SILVERMASTER OF STATE
TALLAHASSEE, FLORIDA