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(Requ	iestor's Name)
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Certified Copies	Certificate	es of Status
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	Guidi Family	Property CR 13 I, LLC			
Sobster.		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspond	dence concerning this matter	to the following:		
		Amy M. Vo, Esq.			
			Name of Person		
		St. Johns Law Group			
			Firm/Company		
		104 Sea Grove Main Street	ı		
			Address		
		St. Augustine, Florida 320	80		
			City/State and Zip Code		
		avo@sjlawgroup.com			
		E-mail address: (1	to be used for future annual report notificati	on)	
For further in	nformation co	ncerning this matter, please ca	ıll:	∯.c. 	
Amy M. Vo			904 495-0400 at ()	2016 SEP	-
	Name of	Person	Area Code Daytime Te	(A)	Tank on the
				mag o mag	1
Enclosed is	theck for the	following amount:			
\$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

Guidi Family Property CR 13 I, 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 05/03/2016 and assigned Florida document number L16000086916 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: L & L Pirton, 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) 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

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 Type of Action **Title** <u>Name</u> **Address** □ Add ☐ Remove ☐ Change _□ Add _□ Remove ☐ Change _□ Add _□ Remove _□ Change □ Add □-Remove ☐ Change ☐ [□ Xdd ± 00 ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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e record specifies a The 90th day after	delayed effec the record is	tive date, filed.	but not a	ın effective	time, at 12	2:01 a.m	. on the	earlier of
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September 1	<u> </u>		1/2		ve of a member			

Page 3 of 3

Filing Fee: \$25.00