

L16000089168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

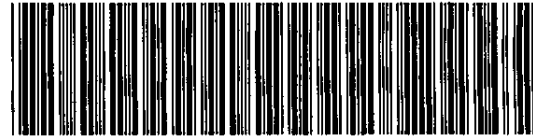
(Business Entity Name)

(Document Number)

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K. SALY

NOV -7 2016

LANGFORD & MYERS, P.A.

ATTORNEYS AT LAW

1715 WEST CLEVELAND STREET
TAMPA, FLORIDA 33606

MAILING ADDRESS:
POST OFFICE BOX 3277
TAMPA, FLORIDA 33601-3277

(813) 251-5533
(800) 277-2005
FACSIMILE (813) 251-1900
www.langfordmyers.com

November 1, 2016

Author's E-mail Address:
marsha@langfordmyers.com

VIA U. S. MAIL

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

Re: Amendment for Document # L16000128051

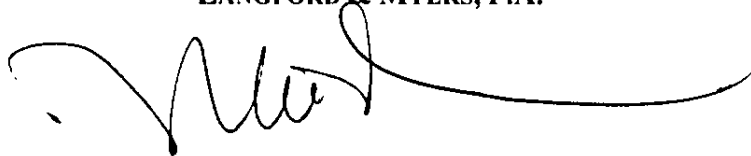
To Whom it May Concern:

Enclosed please find an Amendment for 201 Laurel-408, LLC for a name change to OLP-408, LLC. Please process this request as soon as possible. Also enclosed is our check in the amount of \$25 for the filing fee.

Thank you! Should you have additional questions regarding this matter, please do not hesitate to contact us.

Very truly yours,

LANGFORD & MYERS, P.A.



Marsha W. Hawkins
Office Manager

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 201 LAUREL-408, 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:

Matt C. Myers

Name of Person

Langford & Myers, P.A.

Firm/Company

1715 W. Cleveland Street

Address

Tampa, Florida 33606

City/State and Zip Code

matt@langfordmyers.com

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

For further information concerning this matter, please call:

Matt C. Myers, Esq.

813 251-5533
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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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 November 1, 2016



Signature of a member or authorized representative of a member

Matt C. Myers, Authorized Representative

Typed or printed name of signee