

L16000097109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

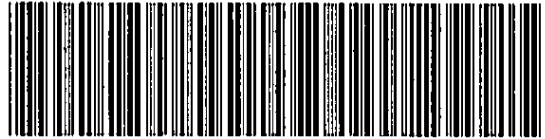
(Business Entity Name)

(Document Number)

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

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2018 FEB 11 PM 12:35  
SECRETARY OF STATE  
1411 MASSACHUSETTS

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M. MILLIGAN

FEB 11 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2018

WILLIAM JACOBSON  
105 S NARCISSUS AVE #200  
WEST PALM BEACH, FL 33401

SUBJECT: 301MAN,LLC  
Ref. Number: L16000097109

We have received your document for 301MAN,LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 518A00011807

WILLIAM P. JACOBSON P.A.  
105 S. Narcissus Avenue  
Suite 200  
West Palm Beach, Florida 33401  
Phone 561-833-4440  
Fax: 561-964-2775

Email [bill@wpilaw.com](mailto:bill@wpilaw.com) or [Leag@wpilaw.com](mailto:Leag@wpilaw.com)

Justin Can you Please Rosh!

**FAX**

To: URGENT Justin	From: CINDY TARAFIA
Fax 850-845-6030	Pages: 6
Phone: 561-732-7118	Date: 02/11/2019
Re: 10292 Dovewood Lane	cc:

Justin:

Good Afternoon:

Can you please advise on the status of removing William Jacobson from 301 Man, LLC for this has not been done.

Attached is the documents that have been sent.

Please advise as soon as you can, If there is anything else that you need. My phone number is 561-964-2772 . Mr. Jacobson number is 561-833-4440

Thanks again .

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 301 MAN, 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:

WILLIAM JACOBSON  
Name of Person

WILLIAM P. JACOBSON P.A.  
Firm/Company

105 S. MARSHALLS AVE #200  
Address

WEST PALM BEACH FL 33401  
City/State and Zip Code

BILL@WPFLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM JACOBSON at (561) 833-4440  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 FEB 11 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

301 MAN, 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 5/18/16 and assigned  
Florida document number L16000097109

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LEONARD MERCER	2560 S OCEAN BLVD PALM BEACH FL 33480 * 705	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	WILLIAM JACOBSON	105 S. NARCISSUS AVE W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Add # 200 <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

**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.

(b) The 90th day after the record is filed.

Dated

6/24/18

Signature of a member or authorized representative of a member

WILLIAM P JACOBSON

Typed or printed name of signee

2019 FEB 11 PM 12:35  
STATIONARY D. S. 1001  
ST. AUGUSTINE, FL 32080

1. The first part of the document is a title page. It contains the title "THE HISTORY OF THE UNITED STATES OF AMERICA" and the author "BY JAMES MADISON".