

L140000119155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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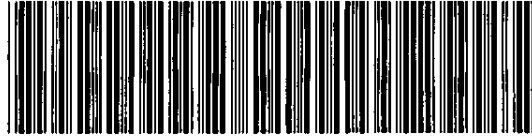
(Business Entity Name)

(Document Number)

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OCT 24 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ETERNITY LAND RANCH EQUIPMENT, 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:

W. Scott Newbern

\_\_\_\_\_  
Name of Person

W. Scott Newbern, PL

\_\_\_\_\_  
Firm/Company

2982 Giverny Circle

\_\_\_\_\_  
Address

Tallahassee, Florida 32309

\_\_\_\_\_  
City/State and Zip Code

wsnewbern@msn.com

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

For further information concerning this matter, please call:

Laureano Serrano

305

586-2442

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

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

ETERNITY LAND RANCH EQUIPMENT, 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 06/21/2016 and assigned  
Florida document number L16000119155.

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)**

19520 168th Street

Live Oak, Florida 32060

USA

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

19520 168th Street

Live Oak, Florida 32060

USA

**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:

W. Scott Newbern

New Registered Office Address:

W. Scott Newbern, PL. 2982 Giverny Cir.

*Enter Florida street address*

Tallahassee

*City*

Florida 32309

*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>
MGR	Laureano Serrano		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19520 168th Street, Live Oak, FL 3	<input checked="" type="checkbox"/> Change
MGR	Carlos Abreu		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19520 168th Street, Live Oak, FL 3	<input checked="" type="checkbox"/> Change
MGR	Francisco Luango		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		19520 168th Street, Live Oak, FL 3	<input checked="" type="checkbox"/> Change
MGR	Juan Carlos Rodriguez		<input type="checkbox"/> Add
		18513 144TH ST LIVE OAK, FL 3	<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

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CITY OF ORLANDO  
OFFICE OF INFORMATION

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(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)

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.

24 256  
Signature of a member or author  
W. Scott Newbern, Esq.

Signature of a member or authorized representative of a member

W. Scott Newbern, Esq.

Typed or printed name of signee

16 OCT 24, PM 3:52

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