# 16000132119

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(Address)	
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(Business Entity Name)	
(Document Number)	
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TO: Registration Section Division of Corporations

293 & 295 Roscoe Blvd., LLC

SUBJECT:

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:

A. Kneale

Name of Person

Crabtree Law Group, P.A.

Firm/Company

8777 San Jose Blvd., Bldg. A. Suite 200

Address

Jacksonville, FL 32217

City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Kneale	904	732-9701
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

S30.00 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

#### 293 & 295 Roscoe Blvd., 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 tiled on  $\frac{7/13/2016}{1.16000132119}$  and assigned Florida document number  $\frac{1.16000132119}{1.16000132119}$ .

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 "LLC."

#### Enter new principal offices address, if applicable:

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Zachary C. Crabtree	
New Registered Office Address:	8777 San Jose Blvd., Bldg. A. S	Suite 200
New Registered Office Address:	Enter F	lorida street address
	Jacksonville	, Florida <sup>32217</sup>
	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.



Page 1 of 3

·If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

# MGR = Manager AMBR = Authorized Member

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Title	Name	Address	<b>Type of Action</b>
AMBR	Cecil L. Strickland	24737 Harbour View Drive	D Add
		Ponte Vedra Beach, FL 32082	Remove
			Change
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۶D.	If amending any o	other information,	enter change	s) here:	(Attach additional sheets,	if necessary.)
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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.

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Page 3 of 3		<b>(1</b> , <b>)</b>
	Typed or printed name of signee	ature of a member or authorized representative of a member

Filing Fee: \$25.00

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