

L16000170426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

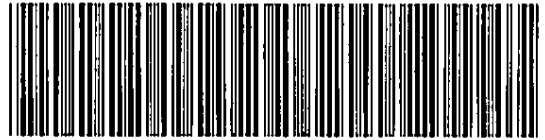
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PAID

2022 JUN 30 AM 8:09

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Origins Seminole Properties, 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:

Robert S Blackwood

Name of Person

Origins Seminole Properties, LLC

Firm/Company

P O Box 620103

Address

Oviedo, FL 32762-0103

City/State and Zip Code

rscottb63@gmail.com

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

For further information concerning this matter, please call:

Scott Blackwood 407 432-1855  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Origins Seminole Properties, LLC

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

2022 JUN 30 AM 8:09

The Articles of Organization for this Limited Liability Company were filed on 09/07/2016 and assigned FILED  
Florida document number L16000170426

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:**

1120 Oklahoma Street

**(Principal office address MUST BE A STREET ADDRESS)**

Oviedo, FL 32765

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

P O Box 620103

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

Oviedo, FL 32762-0103

**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:**

Robert S Blackwood

**New Registered Office Address:**

1120 Oklahoma Street

*Enter Florida street address*

Oviedo

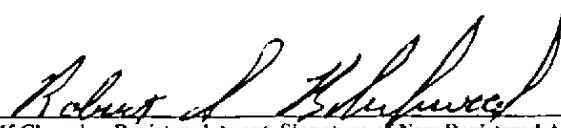
*City*

Florida 32762-0103

*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	Blackwood, Bernard O Jr.	381 Maple Court	<input type="checkbox"/> Add
		Oviedo, FL 32765	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Blackwood, Robert S	PO Box 620-103	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32762-0103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Benecick, Lynda K	7891 McClure Drive	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32312	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated June 21 2022

Robert L. Shivers

Robert S Blackwood

Typed or printed name of signer

**Filing Fee: \$25.00**