# L16000215179

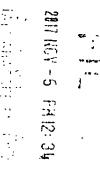
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#### **COVER LETTER**

SUBJECT: 13 RC	SCOE ROAD, I	LLC	
		mited Liability Company	<del>"</del>
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ndence concerning this matter	t to the following:	
	Heather M. Re	eynolds	
		Name of Person	
	Hathaway & R	Reynolds, PLLC	
		Firm/Company	
	50 A1A N., Su	iite 108,	
		Address	
	Ponte Vedra B	each, FL 32082	
		City/State and Zip Code	<del></del>
	hmreynolds@pvtitle.		
		to be used for luture annual report notifies	ation)
For further information co	ncerning this matter, please ca	all:	
Heather Re	ynolds Prson	at ( <u>904</u> ) <u>553 - 3</u> Area Code Daytime T	398 elephone 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 tadditional copy is enclosed)

#### MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

13 ROSCOE ROAD, LLC				
(Name of the Limited Liabili (A Flood	ity Company as it now appears on our records.) a Limited Liability Company)		_	
The Articles of Organization for this Limited Liability C Florida document number <u>L16000215179</u>		and	t assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the ab	hteviation	."1 [ 6	(1)
Enter new principal offices address, if applicable:	. , , , , , , , , , , , , , , , , , , ,			
(Principal office address MUST BE A STREET ADDR	RESS)		2)117	<u> </u>
		7.:	5	3 1
		7.7	; ;	
Enter new mailing address, if applicable:			ਜ਼ ਹ	
(Mailing address MAY BE A POST OFFICE BOX)			J.	
			<u></u> ယ	<del></del>
	-	. · · · · · · · · · · · · · · · · · · ·	<del></del>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, enter	the nan	ne of	the new
THE NEW TENISCETED OFFICE ADDR	ress nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip Cod	de	

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>	Name	Address	Type of Action
AMBR	Benjamin Groshell	564 1st Ave. S., Jacksonville Beach, FL 32250	■ Add
			Remove
			Change
AMBR	Lisa M. Groshell	504 1st Ave. S.,	<b>-</b> Add
		Jacksonville Beach, FL 32	250 Acmove
			Change
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			□ Remove
			🗆 Change
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			_□ Remove
			C. c

	nding any other information, enter change(s) here: (Attach additional sheets, if necessal	ry. <i>)</i>		
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Effectiv	e date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.]  The date inserted in this block does not meet the applicable sections. Sti			
		Pursuant to 60: Will not be list	5.0207 (3 led as th	i)(b
docume	nt's effective date on the Department of State's records.			
ne reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earli	er of:	
ine s	Oth day after the record is filed.			
Dated_	10/30 2017			
	10 m. 7 HD	1:.,,	2817	
	Signature of a member or authorized representative of a member		1 NGY	•
	William Keith FAVER		9-4	10 11 11
	Typed or printed name of signee	-,	70 32	ď
			1/2:	
	Page 3 of 3	, <del>-</del> , * `	ش	•

Filing Fee: \$25.00