

L1700000 4490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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4/17/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAUREL PARK LAW BUILDING, 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:

CHARLES MCGEE

Name of Person

Firm/Company

2675 S. BROCKSMITH ROAD

Address

FORT PIERCE, FL 34945

City/State and Zip Code

scott@seelevator.com

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

For further information concerning this matter, please call:

CHARLES MCGEE

772 216-8826

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 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**

LAUREL PARK LAW BUILDING, 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 JANUARY 5, 2017 and assigned
Florida document number L17000004490.

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)

2675 S. BROCKSMITH ROAD

FORT PIERCE, FL 34945

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2675 S. BROCKSMITH ROAD

FORT PIERCE, FL 34945

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:

CHARLES MCGEE

New Registered Office Address:

2675 S. BROCKSMITH ROAD

Enter Florida street address

FORT PIERCE

City

, Florida 34945

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

2020 APR - 6 AM 11:25

CLERK OF COURT
DIVISION OF COURT CLERK

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	HAROLD G. MELVILLE	2940 S. 25TH STREET	<input type="checkbox"/> Add
		FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES MCGEE	2675 S. BROCKSMITH ROAD	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34945	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRAVIS MCGEE	5407 SOUTH INDIAN RIVER DRIVE	<input checked="" type="checkbox"/> Add
		FORT PIERCE, FL 34982	<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

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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.

4/20



Signature of a member or authorized representative of a member

Harold Melville

Typed or printed name of signee

Filing Fee: \$25.00