

7/24/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000192940 3)))



H170001929403ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : BRETT HENDEE, P.A.
Account Number : I19980000066
Phone : (813)258-1177
Fax Number : (813)259-1106

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: gwilkerson@fensalirenterprises.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FENSALIR HOMES I, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2017 JUL 25 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JUN 25 AM 11:49
TALLAHASSEE, FLORIDA

((H17000192940 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Fensalir Homes I, 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:

Wallace G. Wilkerson, II

Name of Person

Fensalir Homes I, LLC

Firm/Company

701 South Howard Ave, STE 106-533

Address

Tampa, FL 33606

City/State and Zip Code

gwilkerson@fensalirenterprises.com

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

For further information concerning this matter, please call:

Lisa Wilkerson, Esquire

813 258-1177

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

((H17000192940 3)))

(((H17000192940 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fensalir Homes I, 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 February 13, 2017 and assigned
Florida document number L17000031984.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

(((H17000192940 3)))

((H17000192940 3)))

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	Wallace G. Wilkerson, II	701 S. Howard Ave., STE 106-533	<input checked="" type="checkbox"/> Add
		Tampa, FL 33606	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUL 25 AM 11:19
TAMPA, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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.

Signature of a member or authorized representative of a member

Wallace G. Wilkerson, II, Authorized Representative of Member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

(((H17000192940 3)))