

L17000047880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALY

APR 18 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Susie Homes, 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:

Jason Palmer

Name of Person

Firm/Company

806 Talleyrand Ave

Address

Jacksonville, FL 32206

City/State and Zip Code

jaxrcipro@gmail.com

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

For further information concerning this matter, please call:

Jason Palmer

904

449-8512

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

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

Susie Homes, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 03/01/2017 and assigned Florida document number L17000047880.

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)

806 Talleyrand Ave

Jacksonville, FL 32206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

806 Talleyrand Ave

Jacksonville, FL 32206

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:

Jason Palmer

New Registered Office Address:

806 Talleyrand Ave

Enter Florida street address

Jacksonville

City

Florida 32206

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	Michal LT Investments, Inc	801 Crystal Spring Way	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michal Mizrahi	801 Crystal Spring Way	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason Palmer	806 Talleyrand Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32206	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Libertas REI, LLC	806 Talleyrand Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32206	<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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Transfer of ownership to include all property owned by Susie Homes, LLC, both tangible and intangible, to include the real property with a legal description of Lots 13 through 18, Block 39, Jacksonville Heights North Half of Town Site, according to the map or plat thereof as recorded in Plat Book 3, Page 51, Public Records of Duval County, Florida, together with the south 1/2 of that certain alley lying Northerly of and adjacent to the above described lots;

Together with 5 mobile homes as follows:

- (1) 1972 HILL Mobile Home ID #HF4764F Title #5120724
- (2) 1972 HILL Mobile Home ID #HF4968F Title #5120720
- (3) 1972 HILL Mobile Home ID #HF4970F Title #5120723
- (4) 1972 HILL Mobile Home ID #HF4967F Title #5120722
- (5) 1972 HILL Mobile Home ID #HF4969F Title #5120721

Property Folio/Tax ID Number: 013317-0000

Transfer also to include assignment to new owner of all rights in any leases or other agreements made relating to all property owned by Susie Homes, LLC. Previous owner(s) is hereby released from all debts and liabilities acquired during their ownership.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

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.

Dated April 7, 2017

Michal Mizrahi
Signature of a member or authorized representative of a member

Michal Mizrahi

Typed or printed name of signer