## L170000 49755

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

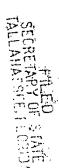
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MAR 13 2017 S. YOUNG

## **COVER LETTER**

TO: Registration Se Division of Con			
CUDIECT.	FLORIDA ACQUISI	TION GROUP, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
	Dan Kelly		
		Name of Person	
	FLORIDA ACQUISITION	N GROUP, LLC	
		Firm/Company	
	2502 Del Prado Blvd, S		1
		Address	—————————————————————————————————————
	Cape Coral, FL 33904		HAR IO PH 2:
	dkellycre@gmail.com	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report notifi all:	cation) GD
Dan Kelly		239 673-7372	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
	JNG ADDRESS: ration Section	STREET/COURII Registration Section	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA ACQUISITION GROUP,		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	-
The Articles of Organization for this Limited Liability Con Florida document number L17000049755	mpany were filed on March 02, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
FLORIDA LAND ACQUISITION GROUP, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		- S- C
Enter new mailing address, if applicable:		AR LAND
• • • • • • • • • • • • • • • • • • • •		0 14-4
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		<del> </del>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	<del></del>	
	, Florida	Zin Code
	City	LIP COME

## 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>	Address	Type of Action	
			Add	
			□ Remove	
			□ Change	
			Add	
			□ Remove	
			☐ Change	
			Add SE	
			Remgve Change	
			☐ Change	
			<u>က</u> Add <u>က</u>	
			□ Remove	
			Change	
			Add	
			□ Remove	
			□ Change	
			Add	
			□ Remove	
			☐ Change	

D. If amending any other information, enter change(s)	,
•	
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<del></del>	
	PH 2:
	<b><u>a</u></b>
	(optional) e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) applicable statutory filing requirements, this date will not be listed as the
if the record specifies a delayed effective date, bu	ut not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.	
Dated MARCH 9 , 2017	<u> </u>
Surgeret Kelly Signature of a member of	r authorized representative of a member
SUZANNE H. KELLY, AS MANAGER OF N	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00