

L17000065959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100298059331

04/21/17--01005--007 **25.00

FILED
17 APR 21 AM 6:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NLH Land Acquisition II 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:

STEVEN W. WILTSE

Name of Person

NEW LEGACY HOMES, LLC

Firm/Company

16643 COUNTY ROAD 672

Address

LITHIA, FL 33547

City/State and Zip Code

STEVE@NLHOMESSTAMPA.COM

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

For further information concerning this matter, please call:

STEVE WILTSE

Name of Person

at (321) 229-2075

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

FILED
17 APR 21 AM 6:44
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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

NLH Land Acquisition II 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 March 22, 2017 and assigned Florida document number L17000065959.

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:

16643 County Road 672

(Principal office address MUST BE A STREET ADDRESS)

Lithia FL 33547

Enter new mailing address, if applicable:

16643 County Road 672

(Mailing address MAY BE A POST OFFICE BOX)

Lithia FL 33547

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 Legacy Homes, LLC

New Registered Office Address:

16643 County Road 672

Enter Florida street address

Lithia

City

Florida

33547

Zip Code

FILED
APR 21 AM 6:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

X

If Changing Registered Agent, Signature of New Registered Agent

STEVEN W. WITSE

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>
MEM	Donald Schule	1 Hawk Street	<input checked="" type="checkbox"/> Add
		Pearl River, NY 10965	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MEM	Thomas Eschmann	895 Walt Whitman Road	<input checked="" type="checkbox"/> Add
		Suite 4	<input type="checkbox"/> Remove
		Melville, NY 11747	<input type="checkbox"/> Change
MEM	Jerry Olivo	1 Bryant Street	<input checked="" type="checkbox"/> Add
		Randolph, NJ 07869	<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
APR 2 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

(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.

(b) The 90th day after the record is filed.

Dated april 14, 2017

Signature of a member or authorized representative of a member

Thomas Eschmann

Typed or printed name of signee

FILED
APR 21 AM 6:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA