# L17000082644

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# **COVER LETTER**

	stration Section of Corp			
SUBJECT:	SEBERT M	MEADOWS LLC		
SUBJECT: _	<u>=</u>	Name of Lim	ited Liability Company	
The enclosed .	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return :	ill correspon	dence concerning this matter	to the following:	
		SEBERT MEADOWS		
			Name of Person	
			Firm Company	
		PO BOX 3958		
			Address	
		OCALA, FL 34478		
		BERT@THEMEADOWST	City/State and Zip Code EAM.COM	
		E-mail address: ()	to be used for future annual report notif	fication)
For further inf	ormation cor	ncerning this matter, please co	ıll:	
MICHAEL P	DEMEOLA	СРА	352 622-4220	
	Name of I	Person	at ()Area Code Daytime	e Telephone Number
Enclosed is a c	theck for the	following amount:		
■ \$25,00 Fit	ing 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)
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of State Certified Copy

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

### SEBERT M MEADOWS 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  $\frac{04/12/2017}{1}$ \_ and assigned Florida document number 1.17000082644 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

### 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

Title	<u>Name</u>	Address	Type of Action
MGR MEADOWS, CHRISTINE D	1415 SW 17TH STREET		
		OCALA, FL 34471	_
			□ Change
MGR MEADOWS REALTY INC	MEADOWS REALTY INC	PO BOX 3958	
	OCALA, FL 34478		
			□ Change
			Add
			□ Remove
			□ Change
			☐ Remove
		□ Change	
			Add
			□ Remove
			Change
			□ Add
			🗖 Remove
			□ Change

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	(optional) be prior to date of filing or more than 90 days after filing.) Pursuant to 60, applicable statutory filing requirements, this date will not be list
record specifies a delayed effective date, b The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earli
select Med Select Med Signature of a member	17
	1

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Filing Fee: \$25.00