

L17000105429

(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



400298970934

05/30/17--01017--029 **25.00

FILED
17 MAY 31 AM 7:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2017

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1314/1316 South Fogle, 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:

Lynn Wudtke

Name of Person

Swaine & Harris, P.A.

Firm/Company

401 Dal Hall Boulevard

Address

Lake Placid, Florida 33852

City/State and Zip Code

donj727@hotmail.com

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

For further information concerning this matter, please call:

Lynn Wudtke

Name of Person

at (863) 465.2811

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

1314/1316 South Fogle, 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 05/11/2017 and assigned
Florida document number L17000105429.

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:

110 Pine Drive

(Principal office address MUST BE A STREET ADDRESS)

Lake Placid, Florida 33852

Enter new mailing address, if applicable:

110 Pine Drive

(Mailing address MAY BE A POST OFFICE BOX)

Lake Placid, Florida 33852

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:

110 Pine Drive

Enter Florida street address

Lake Placid

City

, Florida 33852

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>
MGRM	Don J. Devaughn	110 Pine Drive	<input type="checkbox"/> Add
		Lake Placid, FL 33852	<input type="checkbox"/> Remove
			<input checked="" 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

17 MAY 31 AM 7:10
SECRETARY OF STATE
WASHINGTON, D.C.
FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 31 AM 7:10

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.

Dated May 25, 2017

Kyran Wudtke

Signature of a member or authorized representative of a member

Lynn Wudtke, authorized representative

Typed or printed name of signee