

L17000110905

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17 JUN 23 PM 3:06  
TALLAHASSEE, FLORIDA

S. WARREN

JUN 26 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ave B Realty, 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:

Jo Kirkland, ACP, FRP

Name of Person

Taylor & Associates, Attorneys at Law, P.L.L.

Firm/Company

20 3d St. SW, Suite 209

Address

Winter Haven, FL 33880

City/State and Zip Code

jtaylor@taylorattorneys.net

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

For further information concerning this matter, please call:

Jo Kirkland

863 875-6950  
at ( )

Name of Person

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Ave B Realty, 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 5/18/2017 and assigned  
Florida document number L17000110905.

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:

3200 Flight Line Drive, #202

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33807-3080

Enter new mailing address, if applicable:

P.O. Box 1418

(Mailing address MAY BE A POST OFFICE BOX)

Winter Haven, FL 33882

**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

Florida

City

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

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STATE  
OF FLORIDA  
TALLAHASSEE

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>
AMBR	Jeffrey Jerue	416 Flagler Road	<input type="checkbox"/> Add
		Winter Haven, FL 33884	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	E. Luis Campano	3200 Flight Line Drive, #202	<input checked="" type="checkbox"/> Add
		Lakeland, FL 33807-3080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joshua Pearce	P.O. Box 1418	<input type="checkbox"/> Add
		Winter Haven, FL 33882	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

[illegible]

**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 June 21 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer

**Filing Fee: \$25.00**

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SIOUX FALLS, FLORIDA