## 617000119765

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

	ision of Cor			
SUBJECT:	12260 Gro			
bobuser.		Name of Lin	nited Liability Company	· · · · · ·
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		Daniel Singh		
		<del></del>	Name of Person	
		Land Developers & Assoc	ciates, Corp.	
			Firm/Company	
		15445 Ventura Blvd., Suit	c 900	
			Address	
		Shennan Oaks, CA, 91403	3	
			City/State and Zip Code	
		Dsingh@landeveloper.net	to be used for future annual report notic	
For further in	formation c	oncerning this matter, please c	-	rication)
Daniel Singh		,, , p	818 389-6439	
	Name o.	f Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling 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)
Reg	ling Addres distration S	Section	Street Address: Registration Sec	ction
Div	ision of C	orporations	Division of Cor	

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

-	
any as it now appears on our records Liability Company)	<u>s.</u> )
were filed on May 31, 2017	and assigned
	·· <del>·</del>
pility company here:	
ility Company," the designation "LLC	" or the abbreviation "L.L.C."
15443 Ventura Blvd., Suite 900	0
Sherman Oaks, CA 91403	
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address on our records, <u>enter</u>	the name of the new registered
Enter Florida street addres	
	orida
City	Zip Code
	address on our records, enter  Enter Florida street address, FI

## 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
			□Remove
			(I)Change
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			□Remove
			[]Change
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tive date, if other than the date of filing:	(optional)	
ffective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after filing.	.) Pursuant to 605.0
ment's effective date on the Department of State's records.	y ming requirements, this trace	will not be listee
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) Th	ie 90th day after i
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d 19 10007,	011	
	WH.	
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Filing Fee: \$25.00