

L17000136678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY

DEC - 4 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APEX LAND IMPROVEMENT, 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:

CHRISTOPHER CAMPIONE

Name of Person

CAMPIONE LAW, P.A.

Firm/Company

3200 EMERSON STREET

Address

JACKSONVILLE, FLORIDA 32207

City/State and Zip Code

CC@CAMPIONELAWPA.COM

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

For further information concerning this matter, please call:

JUSTIN BENNETT

904 540-8565

at (_____) _____

Name of Person

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

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

FILED
18 NOV 26 AM 8:06
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

APEX LAND IMPROVEMENT, 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 10/12/2018 and assigned
Florida document number L17000136678.

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:

5612 WOODLAWN ROAD

(Principal office address MUST BE A STREET ADDRESS)

MACCLENNY FLORIDA 32063

Enter new mailing address, if applicable:

5612 WOODLAWN ROAD

(Mailing address MAY BE A POST OFFICE BOX)

MACCLENNY FLORIDA 32063

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:

JUSTIN BENNETT

New Registered Office Address:

5612 WOODLAWN ROAD

Enter Florida street address

MACCLENNY

, Florida 32063

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

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>
MGR	CHRISTOPHER INDAHL	4162 HICKORY STREET MACCLENNY FLORIDA 32063	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	JESSE MCINTYRE	105 SOLONA ROAD PONTE VEDRA, FL 32082	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUSTIN BENNETT	5612 WOODLAWN ROAD MACCLENNY FLORIDA 32063	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES HARRIS	5612 WOODLAWN ROAD MACCLENNY FLORIDA 32063	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MACCLENNY FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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18 NOV 26 AM 8:07
FBI - TAMPA

10/12/2018

E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated NOVEMBER 12 2018

Signature of a member or authorized representative of a member

CHRISTOPHER INDAHL

Typed or printed name of signee