

L17000 141916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

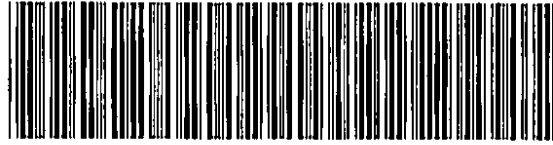
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TALLAHASSEE, FL

Anund

MAR 12 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3664 MERIDEN AVE 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:

CHERYL HANSEN, mgr.
Name of Person

3664 MERIDEN AVE LLC
Firm/Company

220 OSOWAW BLVD
Address

SPRING HILL, FL 34607
City/State and Zip Code

WILAKEFRONTS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYL HANSEN at (262) 215-5673
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
2019 MAR -4 PM 3:19
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

3664 MERIDEN AVE 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 JUNE 30, 2017 and assigned Florida document number L17000141916

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)

220 OSOWAW BLVD
SPRING HILL, FL 34607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 OSOWAW BLVD
SPRING HILL, FL 34607

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:

220 OSOWAW BLVD.

Enter Florida street address

SPRING HILL, Florida 34607
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	CHERYL HANSEN	220 OSOWAD BLVD	☐ Add
		SPRING HILL, FL 34607	☐ Remove
			☒ Change
mgr	RUSSELL HANSEN	220 OSOWAD BLVD	☐ Add
		SPRING HILL, FL 34607	☐ Remove
			☒ Change
AP	CHERYL HANSEN FBO THE HANSEN 401K PSP	220 OSOWAD BLVD	☒ Add
		SPRING HILL, FL 34607	☐ Remove
			☐ Change
AP	RUSSELL HANSEN FBO THE HANSEN 401K PSP	220 OSOWAD BLVD	☒ Add
		SPRING HILL, FL 34607	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

