

L17000152653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

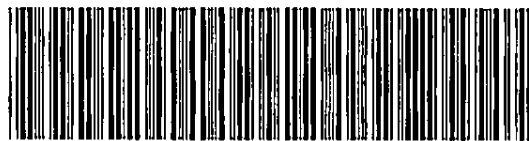
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL

LA.
1/22/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK REAL ESTATE SOLUTIONS
Name of Limited Liability Company
OF NORTH FLORIDA
LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAN MORDEN
Name of Person
LANDMARK REAL ESTATE SOLUTIONS
Firm/Company
32 PARK TERRACE DR
Address
ST AUGUSTINE, FL 32080
City/State and Zip Code
DAN@LANDMARKRESNFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAN MORDEN at 904 325-0883
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
2020 DEC 10 PM 4:02
TALLAHASSEE, FL

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

(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 07-17-2017 and assigned
Florida document number L17000152653

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)

32 PARIC TERRACE DR.
ST AUGUSTINE FL
32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

32 PARIC TERRACE DR.
ST AUGUSTINE FL 32080

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:

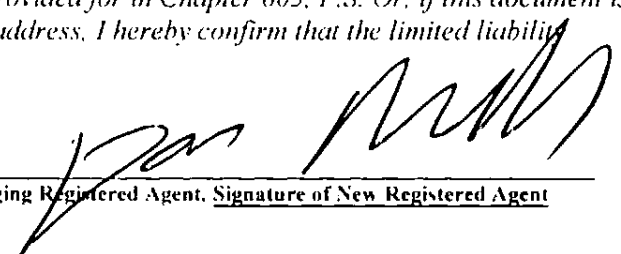
DAN MORDEN

New Registered Office Address:

32 PARIC TERRACE DRIVE
Enter Florida street address
ST AUGUSTINE, Florida 32080
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	SCOTT ROBERTS	3984 3RD ST	<input type="checkbox"/> Add
		#209	<input checked="" type="checkbox"/> Remove
		JACKSONVILLE BEACH	<input type="checkbox"/> Change
		FL 32250	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

SCOTT ROBERTS IS LEAVING COMPANY
DAN MORDEN IS 100% OWNER.

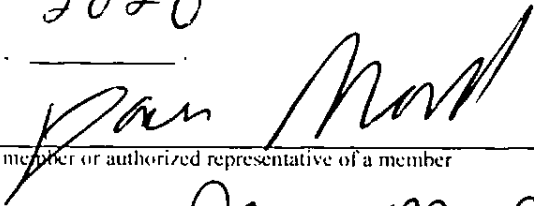
E. Effective date, if other than the date of filing: _____ (optional)

(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 12-7- 2020



Signature of a member or authorized representative of a member

DAN MORDEN

Typed or printed name of signee