

L17000185586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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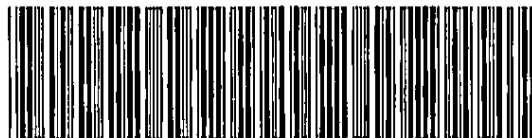
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**LISA S. MINSHEW, P.A.  
ATTORNEY AT LAW**

BAR MEMBER  
FL - 1986  
CA - 1989  
PA - 1985

433 EAST GOVERNMENT STREET  
PENSACOLA, FL 32501

TELEPHONE (850) 434-6859  
TELECOPIER (850) 434-5126  
[lminshew@lisaminshewlaw.com](mailto:lminshew@lisaminshewlaw.com)

December 13, 2017

Florida Department of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Articles of Amendment  
Document No.: L17000185586

Dear Sir or Madam:

Enclosed please find a Articles of Amendment for Bel Aire Properties of Shalimar, LLC. Also enclosed is my firm check in the amount of \$25.00 to cover the filing fee. Your prompt attention to this filing is appreciated.

Please contact my office should you have any questions or concerns. Thank you.

Sincerely,

*/s/ Lisa S. Minshew*

Lisa S. Minshew  
Attorney

LSM/hay  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BEL AIRE PROPERTIES OF SHALIMAR, 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:

LISA S. MINSHEW, ESQ.

Name of Person

LISA S. MINSHEW, P.A.

Firm/Company

433 E. GOVERNMENT STREET

Address

PENSACOLA, FL 32502

City/State and Zip Code

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

For further information concerning this matter, please call:

MELISSA HOUSTON

Name of Person

at ( 850 ) 862-6861

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**

BEL AIRE PROPERTIES OF SHALIMAR, 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 8/30/2017 and assigned  
Florida document number L17000185586.

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 "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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**

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	CRAIG J. KRUSE	P.O. BOX 519	<input checked="" type="checkbox"/> Add
		DESTIN, FL 32540	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.)*

$$18 \text{ UAH} + 2 \text{ AH} = 11$$

SECRETARY  
TALLAHASSEE, FLA.

E. Effective date, if other than the date of filing: 8/25/2017 (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

12/28/2017

Signature of a member or authorized representative of a member

Lisa S. Minsheu

Typed or printed name of signee