# L17 000240645

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





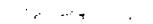
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2020

KEVIN CARMEAN 4954 N APOPKA VINELAND RD ORLANDO, FL 32818

SUBJECT: 4954 N. APOPKA VINELAND ROAD LLC

Ref. Number: L17000240645

We have received your document for 4954 N. APOPKA VINELAND ROAD LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00020079

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

## COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

4954 N. A <sub>l</sub> SUBJECT:	oopka Vineland Road LLC		• •
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for tiling.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Kevin Carmean		
		Name of Person	
	4954 N. Apopka Vineland I	Road ELC	
		Firm/Company	
	4954 N. Apopka Vineland F	₹₫.	
		Address	·
	Orlando, FL 32818		
		City/State and Zip Code	<del></del>
	Fallon@lakeconwaylandscap	oing.com	
	E-mail address; (to	be used for future annual report not	ification)
For further information o	concerning this matter, please cal	II:	
Kevin Carmean		407 730-3026	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 tadditional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632		The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

26 FH 3: 50 4954 N. Apopka Vineland Road 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 11/21/2017 \_\_\_\_ and assigned Florida document number L17000240645 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

#### 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>	Address	Type of Action
MGR	Kevin Carmean	Address 7:26 00 26 Pii 4954 N. Apopka Vineland Rd.	3: 5U □Add
		Orlando, FL 32818	□Remove
			Change
MGR	Lake Convay and caping of Or lando, Inc.	4954 N. Apopka Vineland Rd.	<b>=</b> Add
Orlando, Inc.	Orlando, Inc.	Orlando, FL 32818	
			□Change
			□Add
			□Remove
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Effective date, if other tha (If an effective date is listed, the date	n the date of filing:			(optiona	ıl)	
(If an effective date is listed, the di Note: If the date inserted in document's effective date on	his block does not me	et the applicable st	of filing or more than atutory filing requi	90 days after filit rements, this da	ng.) Pursuant to 605. te will not be liste	0207 (3) ed as the
he record specifies a delayed e ord is filed.	fective date, but not a	n effective time, at	12:01 a.m. on the c	arlier of: (b)	The 90th day after	the
Dated August 24		2020				
12:00:0						

Filing Fee: \$25.00

Typed or printed name of signee