

LI800000 11602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

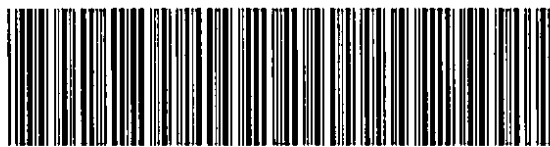
Certificates of Status _____

Special Instructions to Filing Officer:

EFFECTIVE DATE

8/13

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AUG 13 2018
S. YOUNG

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 AUG 10 PM 6:40

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"Where Title and Closing is Our Main Business"

Lewis M. Oliver III, Esq.

10967 Lake Underhill Rd., Suite 108

Orlando, FL 32825

Phone 407-249-5050 ♦ Fax 407-249-5008

www.OliverTitleLaw.com

August 8, 2018

Registration Section
Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Via Federal Express

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18 AUG 10 PM 6:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Subject: Change Address of Registered Agent for Several FL LLCs

Dear Sir/Madam:

This firm serves as a registered agent for the 8 Florida LLC's described on the attached letters. Our office moved recently, and these forms are intended to update our ADDRESS ONLY as Registered Agent for these 8 companies. We remain as their Registered Agent.

In my conversation with your representatives on the phone, it was not clear if I should sign the section for Registered Agents since it appears to say that a signature is required only if the Registered Agent NAME is changing, not the address. Nonetheless, in an excess of caution, I signed anyway, but also hand-marked up the signature line to make it clear that I was only verifying the change of Registered address ADDRESS, not a change in Registered Agent NAME.

I hope that is clear. Please call if there are any questions.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be "LMO", written over a horizontal line.

Lewis M. Oliver III, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Cove 2000 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:

Lewis M Oliver III

Name of Person

Oliver Title Law

Firm/Company

10967 Lake Underhill Rd., Suite 108

Address

Orlando, FL 32825

City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lewis M Oliver III

407

249-5050

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**

Avalon Cove 2000 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 01/03/18 and assigned
Florida document number 118000001662.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

10967 Lake Underhill Rd., Suite 108

Enter Florida street address

Orlando

City

Florida 32825

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

[Handwritten Signature]
Existing
Address Only

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>
_____	_____	_____	<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

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Dated August 8, 2018

[Signature]
Signature of a member or authorized representative of a

Lewis M. Oliver III, for Registered Agent, Authorized Representative of Member

Typed or printed name of signee