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(Requestor's Name)			
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(City/State/Zip/Phone #)			
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Registration Section TO: **Division of Corporations**

PINELAND GROUP LLC

SUBJECT:

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:

PHILLIP WYLLIE

Name of Person

PINELAND GROUP LLC

Firm/Company

624 PINELAND AVE

Address

BELLEAIR, FL 33756

City/State and Zip Code

WYLLIE59@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

PHILLIP WYLLIE

Name of Person

at (727) 463-1997 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

PINELAND GROUP 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 05/04/2018 ______ and assigned Florida document number L18000113253

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:		III HAY
New Registered Office Address:	Enter Florida street address	
		la 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 dutics, 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

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AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GREGORY M MARTIN	2300 KENT DR. LARGO, FL 33774	🖬 Add
			🗆 Remove
			Change
AMBR	PHILLIP 8 WYLLIE	624 PINELAND, BELLEAIR, FL 33756	⊇∎ Add
			Remove
			Change
AMBR	IRENE M RUE WYLLIE	624 PINELAND.BELLEAIR.FL 33756	🖬 Add
			Remove
			Change
MMGR	IRENE M RUE WYLLIE	624 PINELAND, BELLEAIGEL 33756	D Add
			D Remove
			🖬 Change
MMGR	PHILLIP B WYLLIE	624 PINELAND, BELLEAIR, FL 33756	🔜 Add
			🗆 Remove
			Change
			O Add
			_ Remove
			_□ Change

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

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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 _ 01 Signature of a men fer or authorized representative of a member PHILLIP B WYLLIE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00