

L18000124047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

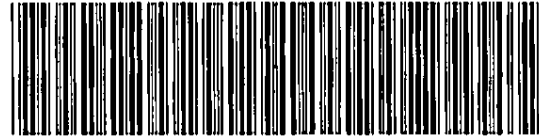
(Business Entity Name)

(Document Number)

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09/24/18--01035--019 **60.00

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2018 SEP 24 AM 11:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE
OCT 01 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEMINOLE BVLD BUSINESS CENTER, 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:

KEYRA M APONTE

Name of Person

Firm/Company

205 COLONY DRIVE

Address

CASSELBERRY, FL 32707

City/State and Zip Code

pedrohernandez335@gmail.com

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

For further information concerning this matter, please call:

Pedro Hernandez

407

462-3953

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

FILED
2016 SEP 24 AM 11:36
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

SEMINOLE BLVD BUSINESS CENTER, 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 5/17/18 and assigned
Florida document number L18000124047.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEMINOLA BLVD BUSINESS CENTER, LLC

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:

1221 SEMINOLA BLVD

(Principal office address MUST BE A STREET ADDRESS)

CASSELBERRY, FLORIDA 32707

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

City

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2018 SEP 24
AM 11:06
CLERK OF COURT
JULIA H. ROSS
TALLAHASSEE, FLORIDA

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> N/A	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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JUL 11 2011
TOLSON
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D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

The name and address are amended to reflect the correct spelling of "SEMINOLA" and "BLVD" for the company's name and address, respectively.

2018 SEP 24 AM 11:35
STATE DEPT OF TREASURY
TALLAHASSEE FLORIDA

FILED

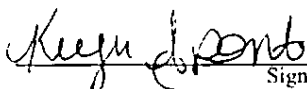
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 September 18 , 2018



Signature of a member or authorized representative of a member

KEYRA M APONTE, MGR

Typed or printed name of signee