

# L18000/38855

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

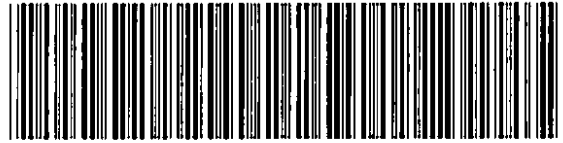
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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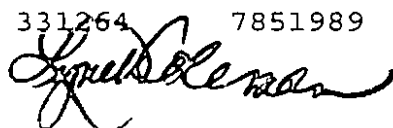
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18 AUG -2 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG -2 PM 04:12

K. SALY  
AUG -3 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 331264 7851989  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

-----  
ORDER DATE : August 2, 2018

ORDER TIME : 3:31 PM

ORDER NO. : 331264-005

CUSTOMER NO: 7851989  
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DOMESTIC AMENDMENT FILING

NAME: 111 LH PURSUIT LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 111 LH PURSUIT 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:

Steven Lockhart

\_\_\_\_\_  
Name of Person

111 LH PURSUIT LLC

\_\_\_\_\_  
Firm/Company

2400 Apopka Blvd.

\_\_\_\_\_  
Address

Apopka, FL 32703

\_\_\_\_\_  
City/State and Zip Code

SLockhart@Finfrock.com

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

For further information concerning this matter, please call:

Steven Lockhart

407 293-4000  
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**

**FILED**  
**18 AUG -2 AM 9:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

111 LH PURSUIT 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 June 5, 2018 and assigned  
Florida document number L18000138855.

This amendment is submitted to amend the following:

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

n/a

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:**

2400 Apopka Blvd.

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

Apopka, FL 32703

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

2400 Apopka Blvd.

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

Apopka, FL 32703

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

*City*

Florida 32301-2525

*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.*

Roxanne Turner  
Asst. Vice President



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          | Bradford D. West    | 174 Comstock Ave.     | <input type="checkbox"/> Add               |
|              |                     | Suite 105             | <input checked="" type="checkbox"/> Remove |
|              |                     | Winter Park, FL 32789 | <input type="checkbox"/> Change            |
| MGR          | William A. Finfrock | 2400 Apopka Blvd.     | <input checked="" type="checkbox"/> Add    |
|              |                     | Apopka, FL 32703      | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |
| MGR          | Allen R. Finfrock   | 2400 Apopka Blvd.     | <input checked="" type="checkbox"/> Add    |
|              |                     | Apopka, FL 32703      | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |
| MGR          | Robert D. Finfrock  | 2400 Apopka Blvd.     | <input checked="" type="checkbox"/> Add    |
|              |                     | Apopka, FL 32703      | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |
|              |                     |                       | <input type="checkbox"/> Add               |
|              |                     |                       | <input type="checkbox"/> Remove            |
|              |                     |                       | <input type="checkbox"/> Change            |

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

n/a

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: July 30, 2018 (optional)

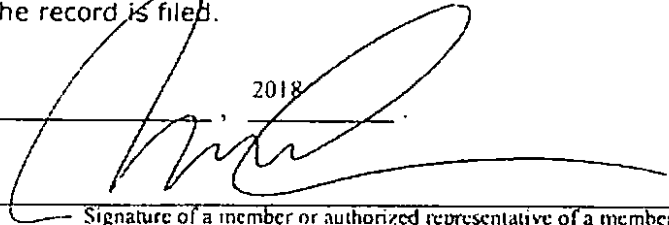
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 July 30

2018



Signature of a member or authorized representative of a member  
OneEleven Residential, LLC, its Member

RWA Rock Investments, LLC, its Sole Member

William A. Pinrock, its Manager

Typed or printed name of signee