## L18000 209 180

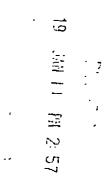
(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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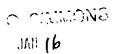
Office Use Only



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## **COVER LETTER**

TO: Registration So Division of Co		d sec	4
ਸ. ਜ.	**	<i>c.</i>	
SUBJECT:	207 Development, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	V	ictor Narusas	
		Name of Person	
	E	ast Wind Properties, LLC	
		Firm/Company	
	F	P.O. Box 331773	
		Address	
	Д	utlantic Beach, FL 32233	
	·	City/State and Zip Code narusas@eastwindpr.com	
	E-mail address: (	to be used for future annual report n	otification)
For further information of	concerning this matter, please co	all:	
Victor Narusas		904 509-2042 at ( )	
Name c	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	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 (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

207 DEVELOPMENT, L	
(Name of the Limited Liability Company as it ) (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fill Florida document numberL 18000209180	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	
Enter new principal offices address, if applicable:	f
(Principal office address MUST BE A STREET ADDRESS)	
	-7
	₩
Enter new mailing address, if applicable:	<u>. 5</u>
(Mailing address MAY BE A POST OFFICE BOX)	
muding dudress MAT DE ATOM VITTEL DOM	
B. If amending the registered agent and/or registered office ac	idress on our records, enter the name of th
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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>	Address	Type of Action
	Woodland Capital, LLC	8280 Princeton Square Blvd., W	
			□ Add
		Suite 8	<del>,</del>
			■ Remove
		Jacksonville, FL 32256	
			□ Change
	DODDANI DEVEL ODMENT LLC	8280 Princeton Square Boulevard	Change
	BORDAN DEVELOPMENT LLC	6200 FIINCERON Square Boulevard	<b></b>
		0.11.0	
		Suite 8	
			☐ Remove
		Jacksonville, FL 32256	
			Change
			19
			Add
			Remove
			☐ i□ Change
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	<del></del>			
Tective date, if other than the date of filing:	: applicable stati	filing or more than 90 story filing requiren	(optional) days after filing.) Pursuant to elents, this date will not be	605.02 listed
record specifies a delayed effective date, t The 90th day after the record is filed.	out not an eff	fective time, at	12:01 a.m. on the ea	rlier
ted January 8	019			
Signature of a member	or authorized rep	resentative of a memb	ег	

Page 3 of 3

Filing Fee: \$25.00