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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

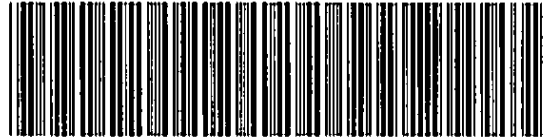
(Business Entity Name)

(Document Number)

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AND
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2019 MAR 18 PM 5:05
SECRETARY OF STATE
HALL MARKS, IN CHARGE

T.G.
3/27/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK HOLDING SEMINOLE 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:

Randall C. Smith Esq

Name of Person

Smith Brown PL

Firm/Company

533 Versailles Drive, Suite 100

Address

Maitland, Florida 32751

City/State and Zip Code

arie@konforte.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Randall Smith

Name of Person

at (407) 599-0002

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**

LANDMARK HOLDING SEMINOLE 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 01/02/2019 and assigned
Florida document number L19000004615

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)

232 Needles Trail

Longwood, Florida 32779

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

232 Needles Trail

Longwood, Florida 32779

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CLERK OF STATE
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:

Arie Konforte

New Registered Office Address:

232 Needles Trail

Enter Florida street address

Longwood

Florida

32779

City

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

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	Abdul Aitboukil	1536 Sunrise Plaza, Suite 101	<input type="checkbox"/> Add
		Clermont FL 34714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR		Ariel Konforte	<input checked="" type="checkbox"/> Add
		232 Needles Trail	<input type="checkbox"/> Remove
		Longwood FL 32779	<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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2019 MAR 8 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

APPROVED
AND
FILED

SECRETARY OF STATE
WASHINGTON, D.C. 20520

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 March 13, 2019

Signature of a member or authorized representative of a member

Arie Konforte, Manager

Typed or printed name of signee