

L19000134302

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUN -4 AM 11:03

Amend

JUN 20 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEBER ROAD, 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:

DENNIS FAIRBANKS, ESQ.

Name of Person

LAW OFFICE OF DENNIS FAIRBANKS

Firm/Company

1600 SARNO ROAD, SUITE 1

Address

MELBOURNE, FLORIDA 32935

City/State and Zip Code

DENNISFAIRBANKS@CFL.RR.COM

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

For further information concerning this matter, please call:

DENNIS F. FAIRBANKS

321 255-0143

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

19 JUN -4 AM 11:03
CLERK
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

WEBER ROAD, 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 MAY 17, 2019 and assigned
Florida document number L19000134302.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

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

N/A

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

19 JUN-14 AM 11:03

STATE
DEPT OF REVENUE
CORPORATIONS

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	SEAN HALFACRE	1205 TUCKAWAY DRIVE, ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CODY PIERSON	2720 MATTHEWS LANE, MALABAR, FL 32950	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONNIE HALACRE	4912 FAUNA DRIVE, MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DENNIS F. FAIRBANKS	1600 SARNO ROAD, SUITE 1, MELBOURNE, FL 32935	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

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

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.

(b) The 90th day after the record is filed.

Dated MAY 31 2019

Dem F. F.

Signature of a member or authorized representative of a member

DENNIS F. FAIRBANKS

Typed or printed name of signee