

L19000245684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

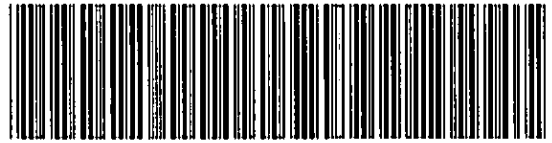
(Business Entity Name)

(Document Number)

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05/11/20--01013--013 \*\*25.00

2020 MAY 11 PM 3:35

FILED

Amend

ALBRITTON

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Woodland Place Apartments, 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:

Jane E. Kerrigan  
Name of Person  
Hand Arendall Harrison Sale  
Firm/Company  
35008 Emerald Coast Parkway, Suite 500  
Address  
Destin, FL 32541  
City/State and Zip Code  
jkerrigan@handfirm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessi Campfield  
Name of Person  
850  
Area Code  
650-0010  
Daytime Telephone Number  
at ( )

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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Woodland Place Apartments, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 MAY 11 PM 3:35  
FILED  
PIT

The Articles of Organization for this Limited Liability Company were filed on 9/30/2019 and assigned Florida document number L19000245684.

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 "LLC."

**Enter new principal offices address, if applicable:**

1113 Singletary Circle

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

Groveland, FL 34736

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

2051 Grand View Blvd

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

Onalaska, WI 54650

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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	Prem & Mary Investments, LLC	1113 Singleton Circle	<input checked="" type="checkbox"/> Add
		Groveland, FL 34650	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eric Sawyer	297 Cobalt Lane	<input type="checkbox"/> Add
		Miramar Beach, FL 32550	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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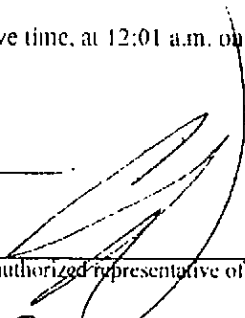
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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 May 4 \_\_\_\_\_, 2020

Signature of a member or authorized representative of a member

  
Manager

ERIC SAWYER  
Typed or printed name of signee