

# L19 000Z46099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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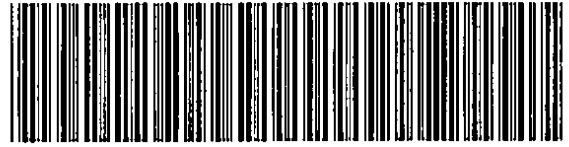
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALL AND SPRING REGISTRATION



JAN 23 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AUDUBON PARK INVESTMENT, L.L.C.  
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:

MICHAEL LIGHTNER

Name of Person

Firm/Company

800 HIGHLAND AVE SUITE 200

Address

ORLANDO FL 32803

City/State and Zip Code

MLIGHTNER@LCADEVELOPMENT.COM

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

For further information concerning this matter, please call:

MICHAEL LIGHTNER

407 297-1600  
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 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**

AUDUBON PARK INVESTMENT, L.L.C.

(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 10/10/2019 and assigned  
Florida document number L19000246099.

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)

800 HIGHLAND AVE

SUITE 200

ORLANDO FL 32803

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

(Mailing address MAY BE A POST OFFICE BOX)

800 HIGHLAND AVE

SUITE 200

ORLANDO FL 32803

**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: MICHAEL LIGHTNER

New Registered Office Address: 800 HIGHLAND AVE SUITE 200

*Enter Florida street address*


ORLANDO, Florida 32803

*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	ANDREW WAROT	2380 S CLAYTON ST	<input type="checkbox"/> Add
		DENVER CO 80210	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CATHERINE KIRKPATRICK	28-42 WEST CENTRAL BLVD	<input type="checkbox"/> Add
		SUITE 400	<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32801	<input type="checkbox"/> Change
MGR	TULANE GREEN WAVE, LLC	800 HIGHLAND AVE	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		ORLANDO FL 32803	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 10/23/2019

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

EIN # 84-3373126

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ST. LOUIS, MO  
FALL AMERICAN

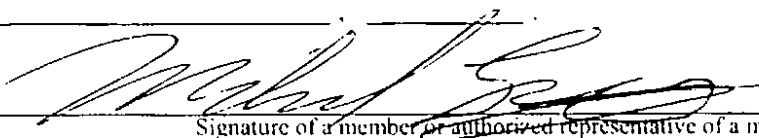
**E. Effective date, if other than the date of filing: DECEMBER 17, 2019 (optional)**

(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 DECEMBER 18 2019

  
Signature of a member or authorized representative of a member

MICHAEL LIGHTNER

Typed or printed name of signee