

L19000 258236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

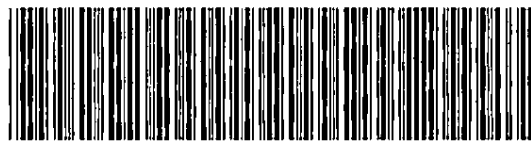
(Business Entity Name)

(Document Number)

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2019 11 18 AM 11:40



*Legal Counsel.*

DINSMORE & SHOHL LLP  
191 West Nationwide Boulevard • Suite 300  
Columbus, OH 43215  
www.dinsmore.com

**Frank Schuckmann**  
(614) 227-4297 • (614) 628-6890 (fax)  
frank.schuckmann@dinsmore.com

November 8, 2019

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*Re: Adena Lakeland, LLC*

Dear Sir/Madam:

Enclosed please find Articles of Amendment for Adena Lakeland, LLC for filing with the Florida Department of State, as well as a check in the amount of \$25.00 for the filing fee for the same.

Thank you for your attention this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Schuckmann". The signature is fluid and cursive, with a long horizontal stroke at the end.

Frank Schuckmann

FS/sal  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Adena Lakeland, 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:

Frank Schuckmann

Name of Person

Dinsmore & Shohl LLP

Firm/Company

191 W. Nationwide Blvd., Suite 300

Address

Columbus, OH 43215

City/State and Zip Code

frank.schuckmann@dinsmore.com

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

For further information concerning this matter, please call:

Frank Schuckmann

at ( 614 )

227-4297

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Adena Lakeland, LLC

2019-10-18 PM 11:40

\_\_\_\_\_  
(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 10/14/19 and assigned  
Florida document number L 19000258236.

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) \_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(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: \_\_\_\_\_

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

\_\_\_\_\_  
*Enter Florida street address*

\_\_\_\_\_  
*City* Florida *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>                      |
|--------------|----------------|-----------------------|--|
| AMBR         | Randy A. Payne | 1310 W. Fourth Street | <input type="checkbox"/> Add               |
|              |                | Mansfield, OH 44906   | <input type="checkbox"/> Remove            |
|              |                |                       | <input checked="" type="checkbox"/> Change |
|              |                |                       | <input type="checkbox"/> Add               |
|              |                |                       | <input type="checkbox"/> Remove            |
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(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)

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

Signature

Frank Schuckman

Typed or printed name of signee