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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

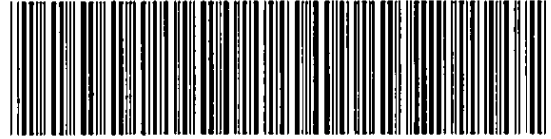
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2023-15  
STATE  
FEE FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Live Oak Greens, 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:

W. Kyle Dubberly

\_\_\_\_\_  
Name of Person

Live Oak Greens, LLC

\_\_\_\_\_  
Firm/Company

320 Braddock Rd

\_\_\_\_\_  
Address

Pierson, FL 32180

\_\_\_\_\_  
City/State and Zip Code

efjf1938@att.net

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

For further information concerning this matter, please call:

W. Kyle Dubberly

386

214-7333

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

RECEIVED  
SEP 15 AM 11:11  
STATE  
SECRETARY

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

Live Oak Greens, 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 05/10/2022 and assigned  
Florida document number L22000251671.

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)**

386 W. Washington Ave.

Pierson, FL 32180

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

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

PO Box 386

Pierson, FL 32180

**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:

C. Frank Jones

New Registered Office Address:

386 W. Washington Ave

Enter Florida street address

Pierson

City

Florida 32180

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	C. Frank Jones	PO Box 386, Pierson, FL 32180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William Kyle Dubberly		<input type="checkbox"/> Add
		320 Braddock Rd, Pierson, FL 32180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William Kyle Dubberly		<input type="checkbox"/> Add
		320 Braddock Rd, Pierson, FL 32180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	William Kyle Dubberly		<input type="checkbox"/> Add
		320 Braddock Rd, Pierson, FL 32180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Elissa Dubberly		<input type="checkbox"/> Add
		320 Braddock Rd, Pierson, FL 32180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: November 30, 2023 (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

12-1 2023

Grant Jones

Signature of a member or authorized representative of a member

C. Frank Jones

## Critical Issues

Typed or printed name of signee

2003 DEC 15 AM 11:11  
STATE

2017  
JAN 10  
FBI  
FLA

2007 OCT 15 AM 11:11

**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.

Dated 12-1-23

Walter H. Bell  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**