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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fam Number : (850) 617-6383

From:

Account Name : WATSON SLOANE JOHNSON PLLC.

Account Number : 120150000117 Phone : (407:622-6751 Fax Number : (866:440-1211

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IMMO OVIEDO, L.C.

Certificate of Status	0
Certified Copy	1
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OCT 08 2019

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

30 th Hd L-130

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMMO OVIEDO, L.C.			
(Name of the Limi	ted Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I. Florida document number	iability Company	were filed on 06/23/1995	and assigned
This amendment is submitted to amend the following	towing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
			<u></u>
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applie	rable:	201 E. Pine Street, Ste 801	
Principal office address MUST BE A STREI	TADDRESS)	Orlando, FL 32801	
			٠!
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		201 E. Pine Street, Ste 801	· ·
		Orlando, FL 32801	<u>်</u> (၁)
			_
B. If amending the registered agent and registered agent and/or the new registered o			er the name of the new
Name of New Registered Agent:	Watson Sloane PLLC		
New Registered Office Address:	w Registered Office Address: 100 S. Orange Avenue, Suite 1000		
		Enter Florida street address	
	Orlando	, Florida	32801
	<u></u>	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

Title	Name	Address	Type of Action
MGR	Rene Mestdagh	6524 Masters Blvd,	
		Orlando, FL 32819	■ Remove
			☐ Change
MGR Teresa M. Walker	Teresa M. Walker	201 E. Pine Street, Ste 801	⊆ Add
		Orlando, FL 32801	☐ Remove
			Change 23
			
		Remove -	
		☐ Change	
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fective date, if other than to in effective date is listed, the date in ote: If the date inserted in this cument's effective date on the	block does not meet the ar	plicable statutory fil	(optiona more than 90 days after filin ing requirements, this dat	l) ig.) Pursuant to 605.0207 te will not be listed as
record specifies a delay The 90th day after the re	ed effective date, but ecord is filed.	not an effective	time, at 12:01 a.m	. on the earlier of
ned October 7	2019	•		
	Signature of a member or a		·	
	Strongburg of a manches or	nutuorized reorešentati:	ze ou a member	

Page 3 of 3

Filing Fce: \$25.00