

L97000000284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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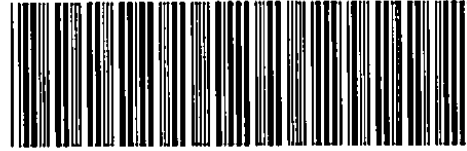
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF THE TREASURY

OCT 02 2019
C. KIRK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOSTERS LAND DEVELOPMENT, 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:

CHRISTINA HERDEN

Name of Person

Firm/Company

P.O. BOX 5277

Address

NICEVILLE, FL 32578

City/State and Zip Code

conrad@gnt.net

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

For further information concerning this matter, please call:

CHRISTINA HERDEN

850

897-1553

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FOSTERS LAND DEVELOPMENT, 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 MARCH 10, 1997 a
Florida document number 197000000284

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

FOSTER'S LAND DEVELOPMENT, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat

Enter new principal offices address, if applicable:

4400 HIGHWAY 20 EAST, SUITE 308

(Principal office address MUST BE A STREET ADDRESS)

NICEVILLE, FL 32578

Enter new mailing address, if applicable:

P.O. BOX 5277

(Mailing address MAY BE A POST OFFICE BOX)

NICEVILLE, FL 32578

**B. If amending the registered agent and/or registered office address on our records, enter the r
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RAIMUND HERDEN

New Registered Office Address:

4400 HIGHWAY 20 EAST, SUITE 308

Enter Florida street address

NICEVILLE

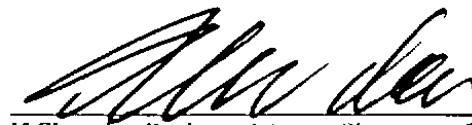
, Florida 32578

City

Zip

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
provisions of all statutes relative to the proper and complete performance of my duties, and I am famili
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited l
company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Register

D. If amending any other information, enter change(s), delete or insert additional text, if necessary.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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
(b) The 90th day after the record is filed.

Dated

Niceville 9/10/19



Signature of a member or authorized representative of a member

RAIMUND HERDEN

Typed or printed name of signee