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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Autumn of Sarasota, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pamela Hafer

Name of Person

WALTER|HAVERFIELD LLP

Firm/Company

1301 E. 9th Street, Suite #3500

Address

Cleveland, OH 44114

City/State and Zip Code

phafer@walterhav.com

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

For further information concerning this matter, please call:

Pamela Hafer

Name of Person

at (216) 928-2919

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Autumn of Sarasota, LLC
2. Jurisdiction of its organization: Ohio
3. Date authorized to do business in Florida: November 13, 2012

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? February 12, 2013
5. New name of the limited liability company: 3251 Proctor Road, LLC
(must end with "Limited Liability Company," "L.L.C.," "LLC" or "LLC.")
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized


Signature of a member or the authorized representative of a member

Geoffrey S. Goss, Esq., Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2013	201304400086	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	00

Receipt

This is not a bill. Please do not remit payment.

WALTER & HAVERFIELD LLP
ATTN: JAMES M. MACKEY
1301 E. NINTH ST.
CLEVELAND, OH 44114

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
2113038

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
3251 PROCTOR ROAD LLC
and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
201304400086

Effective Date: 02/12/2013



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 13th day of February, A.D. 2013.

Jon Husted

Ohio Secretary of State

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2013 MAY 28 PM 4:37
SECRETARY OF STATE
COLUMBUS, OHIO

From: Walter Haverfield Page: 3/4 Date: 2/12/2013 2:28:14 PM



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Business@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
Amendment or Restatement
Filing Fee: \$50**

<p>(1) Domestic Limited Liability Company</p> <p><input checked="" type="checkbox"/> Amendment (129-LAM)</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">June 8, 2012</div> <p>Date of Formation</p>	<p>(2) Domestic Limited Liability Company</p> <p><input type="checkbox"/> Restatement (142-LRA)</p> <div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div> <p>Date of Formation</p>
<p>The undersigned authorized representative of:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">Autumn of Sarasota, LLC</div> <p>Name of limited liability company</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">2113038</div> <p>Registration Number</p>	
<p>If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.</p>	
<p>The name of said limited liability company shall be:</p> <div style="border: 1px solid black; padding: 2px; margin-top: 10px;">3251 Proctor Road LLC</div> <p>Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd."</p>	
<p>This limited liability company shall exist for a period of: Perpetual</p> <p>Period of Existence</p>	
<p>Purpose</p> <div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border: 1px solid black; height: 20px; margin-top: 10px;"></div>	

Form 543A

Page 1 of 2

Last Revised: 11/28/12

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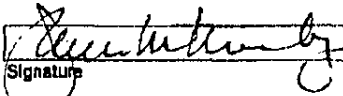
From: Walter Haverfield Page: 4/4 Date: 2/12/2013 2:26:14 PM

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

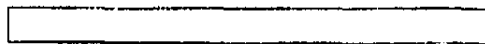
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

James M. Mackey

Print Name

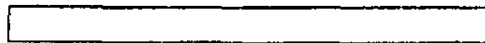

Signature

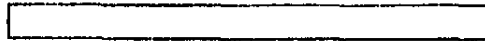


By (if applicable)



Print Name


Signature



By (if applicable)



Print Name