

**L15000170410**

## Florida Department of State

Division of Corporations

## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**11 MAJORCA LLC**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 11 Majorca 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:

Jamie B. Greusel

Name of Person

Law Office of Jamie B. Greusel

Firm/Company

1104 N. Collier Boulevard

Address

Marco Island, FL 34145

City/State and Zip Code

jbglegal@aol.com

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

For further information concerning this matter, please call:

Jamie B. Greusel

Name of Person

at (239)

Area Code

394-8111

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

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

Fl Majorca 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 November 17, 2015 and assigned  
Florida document number LL5000197040

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:

Jamie B. Greusel

New Registered Office Address:

1104 N. Collier Boulevard

*Enter Florida street address*

Marco Island

Florida

34145

*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

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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	The Phillip S. Messina and Phyllis A. Messina 2010 Qualified Personal Residence Trust	8572 Majorca Lane	<input type="checkbox"/> Add
		Naples FL 34114	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	William J. Jennings	8572 Majorca Lane	<input checked="" type="checkbox"/> Add
		Naples FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steyen Messina	8572 Majorca Lane	<input checked="" type="checkbox"/> Add
		Naples FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marybeth Seus	8572 Majorca Lane	<input checked="" type="checkbox"/> Add
		Naples FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Messina	8572 Majorca Lane	<input checked="" type="checkbox"/> Add
		Naples FL 34114	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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

Signature of a member or authorized representative of a member

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