

L16000201144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

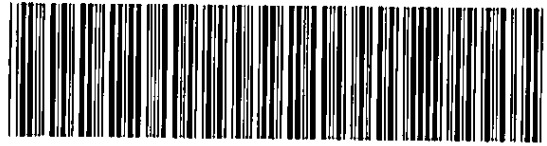
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 OCT -7 AM 9:16  
DEPT. OF STATE  
TALLAHASSEE, FL

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2021 OCT -7 PM 4:02  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: \$~~30~~.00

Authorized Signature: 

16090 S TAMIAMI TRAIL, LLC L16000201144  
Corporation Name & Document Number, (if known):

(Business Name)

Document#

Walk in

Pick up time

Mail out

Will wait

Photocopy

**X Certified Copy of Articles of Organization**

Certificate of Status

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

Other

**CORP**

**AMMENDMENTS**

**X** Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

**Conversion**

**OTHER FILINGS**

Annual Report

Fictitious Name

APOSTIL ( )

Country

**REGISTRATION/QUALIFICATIONS**

Foreign filing

Limited Partnership

Reinstatement

Other

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 16090 S TAMIAMI TRAIL 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:

Michael A. Scott, Esq.  
Name of Person  
Dorcey Law Firm, PLC  
Firm/Company  
10181 Six Mile Cypress Pkwy, Suite C  
Address  
Fort Myers, FL 33966  
City/State and Zip Code  
mike@dorceylaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Scott, Esq.      239      418-0169  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

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

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

16090 S TAMiami TRAIL 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 11/01/2016 and assigned Florida document number L16000201144.

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:

325 Cocohatchee Blvd.

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, FL 34110

Enter new mailing address, if applicable:

325 Cocohatchee Blvd.

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

Naples, FL 34110

**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:

New Registered Office Address:

325 Cocohatchee Blvd.

*Enter Florida street address*

Naples

*City*

Florida

34110

*Zip Code*

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2017 OCT 7 AM 9:16  
CLERK OF STATE  
TALLAHASSEE, FL

**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	Hodges, Chadd P.	325 Cocohatchee Blvd.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Hodges, Keegan	1963 Gulfshore Blvd S	<input type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

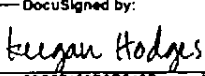
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

8/31/2021

Dated \_\_\_\_\_

DocuSigned by:  
  
80C57196C3180A330

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Keegan Hodges

\_\_\_\_\_  
Typed or printed name of signee