

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200

Phone Fax Number

: (727)443-5829

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5905 PAPPILLION LANE L.L.C.

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EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

		istration Sec Islon of Corp						
SURIFO	· · · · ·	5905 Pappil	lion Lanc, L.L.C.					
SOBJEC	ψ1.		Name of Lim	ited Liability Company	<u> </u>			
The encl	losed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn	all correspor	ndence concerning this matter	to the following:				
			Alan S. Gassman					
				Name of Person				
			Gassman, Crotty & Denice	olo, P.A.				
				Firm/Company				
			1245 Court Street					
				Address				
			Clearwater, FL 33756				2018	
	City/State and Zip Code						DEC -	
SUBJECT: The enclosed Please return For further in Adriana Che	E-mail address: (to be used for future annual report notification)							
For furth	her is	nformation co	oncerning this matter, please c	all:		도함 고함	ì	
Adriana	2 Che	oi		727 442-1200 at ()		DAIL DAIL	9: 32	
	•	Name of	Person		lephone Number		2	
Enclosed	d is a	a check for th	e following amount:					
= \$25 .	.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fili Certificate Certified (additional o	of Statu: Copy		
			ING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:			

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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Division of Corporations

Tallahassee, FL 32314

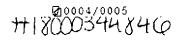
P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5905 Pappillion Lane, L.L.C.					
(Name of the Limited Liability (A Florida Li	Company ay it now appears on our records.) inited Liability Company)				
The Articles of Organization for this Limited Liability Con Florida document number <u>L18000252720</u>	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company here:				
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	c abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE,	<u></u>				
		<u>}</u> ≥ E			
Enter new mailing address, if applicable:					
• • • • • • • • • • • • • • • • • • • •		무무			
(Mailing address MAY BE A POST OFFICE BQX)		0 t ig t			
B. If amending the registered agent and/or registered agent and/or the new registered office address		•			
Name of New Registered Agent:					
New Registered Office Address:					
THE MANAGEMENT OF THE TRANSCOS.	Enter Florida street address				
	, Florida				
	City	Zip Code			
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age, being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is			

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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>	Name	Address	Type of Action
MGR	Kimberly Palys-Chasnoff	1245 Court Street	
			Add
		Clearwater, FL 33756	
			□ Remove
	Kimberly Palys	1245 Court Street	□ Change
MGR	——————————————————————————————————————	1245 Court Street	
		Clearwater, FL 33756	
			Remove
			Change
			□ Add
			Remove
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Effective dute, if other than the date of fan effective dute is listed, the date must be speci Note: If the date inserted in this block does document's effective date on the Department.	s not meet	t the applica	able statuto	ing or more s ry filing re	han 90 days a quirements,	tter filing.) Pur this date will	suant t not b	to 605.02 e listed
ne record specifies a delayed effect The 90th day after the record is f		e, but nol	t an effe	ctive time	e, at 12:0	la.m. on	the e	arlier
Dated <u>NeComber</u> 4	7	2018	<u> </u>					
/	11/	' }						
Signatur	e of a mem	ber or autho	orized repres	entative of a	member			_

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Filing Fee: \$25.00