Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000332013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARNES WALKER, CHARTERED

Account Number : 102371002705 Phone : (941)741-8224 Fax Number : (941)708-3225

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

Email Address: Christenson @burnes walker La

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ANNA MARIA MOTEL, LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$25.00		

Electronic Filing Menu Corporate Filing Menu

Help

JAN 25 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now it (A Florida Limited Liability Com	appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on April 30, 2020					
Florida document number L20000115563	·				
his amendment is submitted to amend the fol	lowing:				
a. If amending name, enter the new name	of the limited liability compa	ny here:			
N/A					
he new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbre	viation "L.L.C."		
Inter new principal offices address, if appli	cable.				
Principal office address MUST BE A STRE.	· · · · · · · · · · · · · · · · · · ·				
The par office dates smoot in A STRE.	CI ADDIKENI		702		
	<del></del>				
inter new mailing address, if applicable:		<u></u>	2 -		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>	= :7		
			<b>3</b>		
		卫克	. വ <del>ന്</del>		
. If amending the registered agent and/or		our records, enter the name o	f th <del>e d</del> ew regi		
gent and/or the new registered office addre	ess here:				
Name of New Registered Agent:	Jeffrey S. Goethe				
New Registered Office Address:	3119 Manatee Avenue West				
Ness Registered Office Address.	Ente	er Florida street address	<del></del> -		
	Bradentor.	, Florida <u>3420</u> 5			
	City	, 1101104	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

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>	Address	Type of Action
MGR	Drago Horvat	(deceased)	□Add
			¬Renove
MGR	Christina Maria Horvat	(4	[I] Change
	Cit.15.iiia ,yiatia Hoivat	(deceased)	
			Remove
			Change
MGR Maria Ci	Maria Christina Horvat	7 Greencroft Drive	
		Champaign, IL 61821	□Remove
			Change
MGR	Daniel Horvat	117 E. Woodland Avenue	≣Add
		Lake Bluff, IL 60044	☐ Remove
			☐ Change
		_	□Add
			□ Remove
			□Change
			□Add
			□Retnove
			Channa

	<u> </u>	<del></del>				·		
							·	<del></del>
					<del></del> <u></u>		<del></del>	<del>-</del>
<del></del> -		<u> </u>			<del></del>			<del></del> -
	<del></del>				<u> </u>			<del></del> ,
			<del></del> -	<del></del>		·	·	
		<del></del>			·•·	<del></del>		
	<u> </u>							
-		<del></del> ,			· · · · · · · · · · · · · · · · · · ·	<del></del>		<del></del>
								<del></del>
						·····	<del></del>	
					<u>.                                    </u>			
<del></del> -								
						-		
	<del></del>	·· -·						<del></del>
				<del></del>	<u> </u>		<del></del>	<del></del>
			0.0014					
<u>Note:</u> If th	e date inserted	than the date he date must be spelin this block do to the Departm	es not meet t	the applicable	statutory filing	g requirements,	ptional) after filing.) Pursua this date will no	int to 605,020 It be listed as
record spe d is filed.	ecifies a delaye	ed effective date,	but not an e	ffective time,	at 12:01 a.m. o	on the earlier of	(b) The 90th	day after the
Dated	ا ليم ا	0~	20	)24				
	7	1	·					
	7~	120						

Filing Fee: \$25.00

Typed or printed name of signee