

K21000052666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

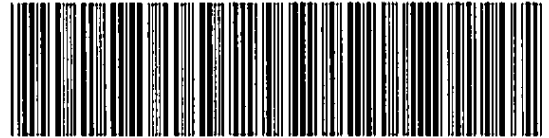
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500360787105

03/01/21--01020-0006**30.00

FILED
2021 MAR 2 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

45
4/23/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5317 8TH ST. CT. W. 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:

MIKE MARQUEZ

Name of Person

MARKIS INSURANCE AGENCY, INC.

Firm Company

5190 26TH ST W SUITE 1

Address

BRADENTON, FL 34207

City/State and Zip Code

MIKEM@MARKISINSURANCE.COM

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

FILED
2021 MAR -2 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

MIKE MARQUEZ

941 747-6822
at ()

Name of Person

Area Code

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 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**

5317 8TH ST. CT. W. 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 01/29/2021 and assigned
Florida document number L21000052666.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

5316 8TH ST CT W, LLC.

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)

FILED
2021 MAR -2 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FL

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: MARKIS INSURANCE AGENCY, INC.

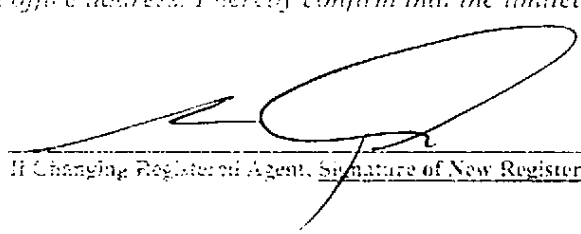
New Registered Office Address: 5190 26TH ST W SUITE 1

Enter Florida street address

BRADENTON, Florida 34207
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

If amending Authorized Person(s) authorized to manage, enter the date, 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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☒ Add
_____	_____	_____	☒ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Change
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR -2 PM 2:24

FILED
2021 MAR -2 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 MAR 2 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Dated FEBRUARY 23RD 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee