

10/22/21, 2:37 PM

Division of Corporations

L21000446326  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Email Address: skennelly@rtlaw.com

2021 OCT 22 PM 3:14  
CALL ADVISORY: FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5545 SHAWLAND NM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

OCT 25 2021  
A. LUNT

**COVER LETTER**

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**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 5545 SHAWLAND NM, 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:

Scott Kennelly  
Name of Person  
Rogers Towers, P.A.  
Firm/Company  
1301 Riverplace Blvd. Suite 1500  
Address  
Jacksonville, FL 32207  
City/State and Zip Code  
skennelly@rtlaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Kennelly 904 346-5583  
Name of Person at ( ) 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

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5545 SHAWLAND NM, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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DIVISION OF CORPORATION  
2021 OCT 22 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 10/12/2021 and assigned  
Florida document number L21000446326.

This amendment is submitted to amend the following:

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

5545 SHAWLAND NM 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)

**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:

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 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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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"/> Change

