

122000041626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

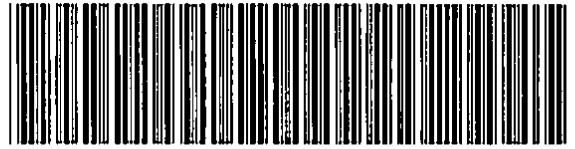
(Business Entity Name)

(Document Number)

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STATE DEPT OF STATE
DIVISION OF CORPORATIONS
22 MAY -6 PM 2:38

T. MATTHEWS

JUN 28 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Le Ciel Park 604 Investments 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:

Bridget C. Anderson, Esq.

Name of Person

Courey, Kosanda & Zimmer, P.A.

Firm/Company

505 Highway 169 N, Suite 350

Address

Minneapolis, MN 55441

City/State and Zip Code

banderson@ckzlawfirm.com

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

For further information concerning this matter, please call:

Bridget C. Anderson

763

398-0441

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 MAY -6 PM 2:38

Le Ciel Park 604 Investments 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 January 24, 2022 and assigned Florida document number L22000041626.

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:

44291 Kandi-Renville Line SE

(Principal office address MUST BE A STREET ADDRESS)

Hector, MN 55342

Enter new mailing address, if applicable:

44291 Kandi-Renville Line SE

(Mailing address MAY BE A POST OFFICE BOX)

Hector, MN 55342

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: Mari Vesci

New Registered Office Address: 870 97th Avenue N

Enter Florida street address

Naples, Florida 34108

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.

DocuSigned by:

Mari Vesci

5/3/2022

E905248322444F8...
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	The 1031 Exchange Connection Inc	9400 Fountain Medical Court, Suite B100	<input type="checkbox"/> Add
		Bonita Springs, FL 34135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Myron Macik	44291 Kandi-Renville Line SE	<input checked="" type="checkbox"/> Add
		Hector, MN 55342	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Becky Macik	44291 Kandi-Renville Line SE	<input checked="" type="checkbox"/> Add
		Hector, MN 55342	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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.

Dated 4-18, 2022

Signature of Myron L. Macik

Myron L. Macik

Typed or printed name of signee

Filing Fee: \$25.00