

L22000459563 Florida Department of State
Division of Corporations
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((H23000157675 3))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NAJMY THOMPSON, P.L.
Account Number : I20090000014
Phone : (941)907-3999
Fax Number : (941)896-4812

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Email Address: raltiere@najmythompson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
109 7TH ST LLC

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DIVISION OF CORPORATIONS

Electronic Filing Menu

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COVER LETTER

Fax Audit No. (H23000157675 3)

TO: Registration Section
Division of Corporations

SUBJECT: 109 7TH ST 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:

Rainier Altieri, Esq.

Name of Person

Najmy Thompson, P.L.

Firm/Company

1401 8th Avenue West

Address

Bradenton, FL 34205

City/State and Zip Code

raltiere@najmythompson.com

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

STATE OF FLORIDA
DEPARTMENT OF REVENUE

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For further information concerning this matter, please call

Rainier Altieri, Esq.

941 748-2216

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

Fax Audit No. (H23000157675 3)

109 7TH ST 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 10/26/2022 and assigned Florida document number 1.22000459563

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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

Fax Audit No. (H23000157675 3)

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	SHAWN T KALETA	PO BOX 1726	<input type="checkbox"/> Add
		BRADENTON, FL 34206	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROMAN ECKERT	7255 BEE RIDGE RD	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34241	<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

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

Multiple horizontal dashed lines for amending information.

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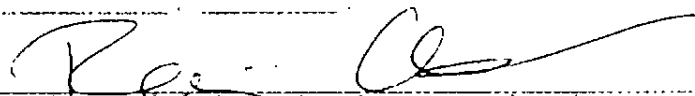
E. Effective date, if other than the date of filing: 4-19-23 (optional)

(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 APRIL 27 2023


Signature of a member or authorized representative of a member

Rainier Altieri, Esq.
Typed or printed name of signee