

L23000205337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 5 2023
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STATE
OF FLORIDA
TALLAHASSEE, FL

RECEIVED
R. HUAT
7/5/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plage De Sacine Properties L.L.C.

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:

Jacob Van Duren

Name of Person

Berlin Patten Ebling

Firm/Company

201 Center Road Suite 210

Address

Venice FL 34285

City/State and Zip Code

jvanduren@berlinpatten.com; robertgroesbeck@gmail.com

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

CLERK OF STATE
TALLAHASSEE, FL

REC-5 PM 10:20

ED

For further information concerning this matter, please call:

Robert Groesbeck

480

235-1571

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

PLAGE DE SACINE PROPERTIES, L.L.C.

(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 04/04/2023 and assigned Florida document number L23000205337

This amendment is submitted to amend the following:

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

Plage De Saline Properties, L.L.C.

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:

10632 N. SCOTTSDALE RD B609

(Principal office address MUST BE A STREET ADDRESS)

SCOTTSDALE, AZ 85254

Enter new mailing address, if applicable:

10632 N. SCOTTSDALE RD B609

(Mailing address MAY BE A POST OFFICE BOX)

SCOTTSDALE, AZ 85254

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

Cin

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☒ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
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		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

2001
OFFICE OF STATE
RECORDS & ADMINISTRATION
TALLAHASSEE, FL
PH 10:20

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

Address for AMBR Robert L. Groesbeck and AMBR Marcia A. Younger is 10632 N. SCOTTSDALE RD B609
SCOTTSDALE, AZ 85254

FILED
JUN 27 2023
5 PM 10:20
CLERK OF STATE
TALLAHASSEE, FL

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 06/26/2023

Robert Groesbeck

Signature of a member or authorized representative of a member

Robert L. Groesbeck

Typed or printed name of signee