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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

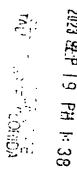
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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20103 EAGLE	STONE DR LL	.C	' 	
Please Debit FC	A000000003 For	: 25		
Thank you Seth	Necley			
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Story			Art of Inc. File	
			LTD Partnership File	. 20 G
			Foreign Corp. File	2023 SEP
			L.C. File	OH OH SEP
			Fictitious Name File	
			Trade/Service Mark	9.55 12.55 12.55 12.55 13.55 14.55 15.55 1
			Merger File	PHI2:
			Art, of Amend, File	604
			RA Resignation	<u> </u>
			Dissolution / Withdrawal	
			Annual Report / Reinstatement	
			Cert. Copy	
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			Certificate of Good Standing	
			Certificate of Status	
			Certificate of Fictitious Name	
			Corp Record Search	-
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Signature	7-/		Fictitious Owner Search	
Signature			Vehicle Search	
	<del></del>		Driving Record	
Requested by:			UCC 1 or 3 File	
<del>.</del>		<del></del>	UCC 11 Search	
Name	Date	Time	UCC 11 Retrieval	
Walk-In	Will Pick	Un	Courier	

### COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT:	agle Stone Dr LLC			
	Name of I.	imited Liability Company		
The enclosed Articles	of Amendment and fee(s) are so	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	Theresa Knower			
		Name of Person		
	Midland 1031 LLC			
		Firm/Company		
	15671 San Carlos Blvd 10	01		2023 SEP
		Address		SEP
	Ft Myers FL 33908			19
	<u> </u>	City/State and Zip Code	<del></del> -	9
	tknower@midland1031.com			PH 12: 40
		to be used for future annual report notif	fication)	: 41
For further information (	concerning this matter, please c	alf:		0
Janet Davis		239 3331031		
Name o	of Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	S30.00 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	<u>s:</u>	Street Address:		

Registration Section
Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

20103 Eagle Stone Dr LLC		
( <u>Name of the Limited Li</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	ly Company were filed on August 21, 2023	and assigned
Florida document number L23000392869		
This amendment is submitted to amend the following	<b>ζ</b> :	
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 AD	DDRESS)	<del>_</del>
		<u> </u>
		2(2) SEI
Enter new mailing address, if applicable:		SEP
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
		7 S
B. If amending the registered agent and/or register		ne of the new registered
agent and/or the new registered office address her	<u>e</u> :	0 -
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pt 13	
<del></del>	, Florida	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>	Address	Type of Action
AP	Travis B Okuley	PO Box 436	
		Continental OH 43512	□Remove
			□ Change
			DAdd
			□Remove
			□Change PP PH J2: 40
	<del></del>		
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Effective date, if other than the office office date is listed, the date must	late of filing: 9/18/2023 be specific and cannot be prior to date of tiling or more than	(optional) 90 days after filing.) Pursuant to 605 0207 (3 Vb
Note: If the date inserted in this blo document's effective date on the De	k does not meet the applicable statutory tiling requir	rements, this date will not be listed as the
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the e	arlier of: (b) The 90th day after the
Dated September 18	2023	
Jhousa K	rour)	
O Wave		

Filing Fee: \$25.00