

L23000450137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

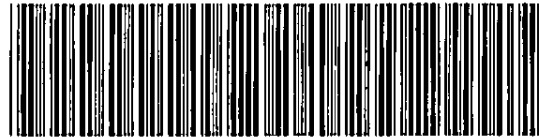
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND BUSINESSES
TALLAHASSEE, FLORIDA

2023 OCT -2 PM 4:20

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2023 OCT -2 PM 12:40
DIVISION OF CORPORATIONS AND BUSINESSES
TALLAHASSEE, FLORIDA

R. HUNT
10/02/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 9679 LANDINGS DRIVE, 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:

James C. Burns
Name of Person
Burns Law Firm of Palm Beach, P.A.
Firm/Company
480 Maplewood Drive, Suite 5
Address
Jupiter, FL 33458
City/State and Zip Code
james@burnslawpb.com
E-mail address: (to be used for future annual report notification)

2023 OCT -2 PM 12:40
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

James C. Burns at (561) 628-1119
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**

9679 LANDINGS DRIVE, 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 09/28/2023 and assigned Florida document number L23000450137.

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)

9312 SCARBOROUGH CIRCLE

PORT SAINT LUCIE, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9312 SCARBOROUGH CIRCLE

PORT SAINT LUCIE, FL 34986

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:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIKA DIETZEL	9312 SCARBOROUGH CIRCLE	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34986	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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 DIVISION OF REVENUE

