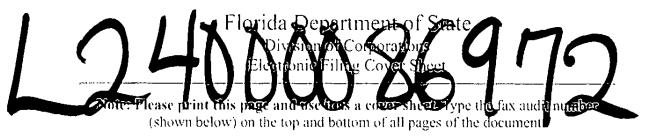
Division of Corporations



(((H24000112549 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			<b>~</b> 3
	Division of Corporations		5054
	Fax Number : (850)617-6383		A KAZ
From:			
	Account Name : DORCEY LAW FIRM, PLC	٠.	رن د٠٤
	Account Number : I20230000134	•	
	Phone : (239)418-0169		
	Fax Number : (239)418-0048	: • •	<u>:</u>
			~ .

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

8: 110

## 뚫LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1124 CECILIA AVENUE, LLC

Certificate of Status	()
Certified Copy	0
Page Count	06
Estimated Charge	\$25,00

M. SOLOMON MAR 2 6 2024

Electronic Filing Menu — Corporate Filing Menu

Help

## **COVER LETTER**

(((H24000112549 3)))

	tration Section of Corp				
		IA AVENUE, LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub-	unitted for filing.		
		dence concerning this matter			
		Michael A. Scott			
			Name of Person		
		Dorcey Law Firm			
			Firm Company	<del></del>	
		10181 Six Mile Cypress P	kwy, Suite C		
		······································	Address		202/
		Fort Myers, FL 33966			2024 MAR 26
		60 HC 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City/State and Zip Code		20 1.3
		support@dlfregisteredagen E-mail address: (	to be used for future annual report not	fication)	- •
For further info	ormation cor	ncerning this matter, please c	all:	:'	;'': l0: 2
Michael A. Sc	oti		239 308-1073	·:	ω
	Name of I	Person	Area Code Daytin	e Telephone Number	
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Address: stration Se		Street Address: Registration Se	ction <sub>.</sub>	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: Joshua Dorcey

Fax. 12393215034

To: Sunbiz efile account (LLC) Fnx: (850) 617-6383

Page: 5 of 7

03/25/2024 4:34 AM

(((11240001125493)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1124 CECILIA AVENUE, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records. Liability Company)	,	
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000086972</u> .	were filed on 02/19/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
1124 CECELIA AVENUE, LLC	•		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LEC"	or the abbreviation "L.I.,C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		724	
		- TT	1
		26	
Enter new mailing address, if applicable:			1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		2	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter t</u>	ne name of the new register	<u>ed</u>
New Registered Office Address:	Enter Florida street address		
<del></del>	City Flor	Tida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	· :		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is	le
If Cha	nging Registered Agent, Signature of .	New Registered Agent	

F	1000.00	Da
From;	Joshua	DoiceA

Fax: 12093215034

To. Sunbiz etile account (LLC) Fax; (850) 617-6383

Page: 6 of 7

03/26/2024 4:34 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

(((1124000112549 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
		-	□Change
			□Add
			Remove
			□Change
			DAdd
			□Remove
		Martin and Assessment of the Prince of the P	
		***************************************	Nemove □ Remove
			Change
			DAdd
			□Renove
			□Change
			□Add
			□Remove
			□Change

(((H24000112549 3)))

		-	
		-	
_			
_			
_		2027	
		2024 MAR	7
		26 1	1
++	· · · · · · · · · · · · · · · · · · ·		ί_
_	••	23	
Note: If:	date, if other than the date of filing:	5.0207 (3)( ed as the	(b)
the record s cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	er the	
Dated	<del>//26/24</del>		
	/s/ Stacy A. Hanman		
	Signature of a member or authorized representative of a member		
	Stacy A, Hinman  Typed or printed name of signee		