

12-Apr-2024 14:16 To: +18506176383

From: +18135442006 p.1

Florida Department of State

Fax Number : (850)617-6383

Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : BRICK BUSINESS LAW, P.A.
Account Number : 120230000178
Phone : (813)816-1816
Fax Number : (813)692-1982

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

Email Address: danielle.peynado@brickbusinesslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
729 BAY BREEZE DRIVE, LLC**

Certificate of Status	0
Certified Copy	0
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M. SOLOMON
APR 12 2024

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Fax Number : (850)617-6383

12-Apr-2024 14:17 To: +18506176383

From: +18135442006 p.2

Fax Number : (850)617-6383

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 729 BAY BREEZE 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:

DANIELLE PEYNADO

Name of Person

BRICK BUSINESS LAW, P.A.

Firm/Company

3413

Address

W FLETCHER AVE, TAMPA, FL 33618

City/State and Zip Code

DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM

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

For further information concerning this matter, please call:

DANIELLE PEYNADO

at (813) 816-1816

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

Fax Number : (850)617-6383

2024 APR 12 PM 1:20

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fax Number : (850)617-6383

729 BAY BREEZE 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 04/03/2024 and assigned
Florida document number L24000159544

This amendment is submitted to amend the following:

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

759 BAY BREEZE DRIVE, LLC

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)

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

12-Apr-2024 14:18 To: +18506176383

From: +18135442006 p.4

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: Fax Number : (850)617-6383

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Fax Number : (850)617-6383

12-Apr-2024 14:18 To: +18506176383

From: +18135442006 p.5

Fax Number : (850)617-6383

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

2024 APR 12 PM 1:20

10

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 APRIL 12 2024

NSC 6400 (Rev. 12-17-64)

Signature of a member or authorized representative of a member

JACOBY PROPERTY HOLDINGS, LLC - AMBR

Typed or printed name of signer

Fax Number : (850)617-6383

Filing Fee: \$25.00