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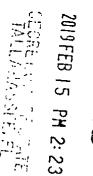
| (Re | equestor's Name) | |
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| (Cit | ry/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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02/15/19--01024--013 **25.00





R. WHITE

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|--------------|--------------------------------------|--|---|---|
| SUBJ | MIROMAR ECT: | REALTY, LLC | | |
| | | Name of Limi | ited Liability Company | |
| The er | nclosed Articles of a | Amendment and fee(s) are sub- | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | MARK W. GESCHWEND | т | |
| | | | Name of Person | |
| | | MIROMAR DEVELOPMI | ENT CORPORATION | |
| | | | Firm/Company | |
| | | 10801 CORKSCREW RD. | . STE 305 | |
| | | | Address | |
| | | ESTERO, FL 33928 | | |
| | | | City/State and Zip Code | <u> </u> |
| | | MGESCHWENDT@MIRO | MAR.COM to be used for future annual report notifi | |
| | | | | cation) |
| ror tu | rther information co | oncerning this matter, please ca | MC: | |
| RAC | HEL MARKS | | 239 390-5123 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | e following amount: | | |
| ■ \$2 | 25.00 Filing Fee | □ \$30.00 Filing Fec & 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

MIROMAR REALTY, LLC

2019 FEB 15 P# 2: 23

| | ited Liability Company as it now a (A Florida Limited Liability Comp | sppears on our records.) | |
|---|---|--------------------------------|-----------------------|
| | (A riorida Limited Liability Comp | TALLEYA | SECE. FI |
| The Articles of Organization for this Limited ! | Liability Company were filed o | on AUGUST 17, 1999 | and assigned |
| Florida document number L99000005108 | | | |
| | | | |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liability compa | ny here: | |
| N/A | | | |
| 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 appli | icable: | | |
| | | | |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| ••• | | | |
| Mailing address MAY BE A POST OFFICE | <u>: BUA)</u> | | |
| | | | |
| | | | |
| | dlaw manintawad affina add-a | ce on our rooarde anta | r the name of the |
| | ~- | ss on our records, eme | |
| B. If amending the registered agent and registered agent and/or the new registered of | ~- | ss on our records, ente | |
| registered agent and/or the new registered (| office address here: | ss on our records, eme | |
| 2, 2, | ~- | ss on our records, eme | |
| Name of New Registered Agent: | office address here: | ss on our records, <u>eme</u> | |
| registered agent and/or the new registered (| office address here: | er Florida street address | |
| Name of New Registered Agent: | office address here: | er Florida street address | |
| Name of New Registered Agent: | office address here: | | |

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 as or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------|--|----------------|
| <u>s</u> | KIRALY, BRADFORD J. | 10160 MIROMAR LAKES BLVD., MIROMAR LAKES, FL | |
| | | | ■ Remove |
| | | | ☐ Change |
| <u>S</u> | BYAL, TIMOTHY P. | 10801 CORKSCREW RD, STE 305, ESTERO, FL 33928 | ■ Add |
| | | | ☐ Remove |
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| | 2/12/19 |
| (If an e <u>Note</u> | ffective 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): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 1 FEBRUARY 12 2019 |
| | |
| | Signature of a member or authorized representative of a member |
| | MARK W. GESCHWENDT, VP OF MANAGING MEMBER |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00