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(Re	equestor's Name)	
(Ac	idress)	
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—. (Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	5 N. PARK RD LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CANDICE MARQUINA		
		Name of Person	
		Firm/Company	·
	4750 3RD AVE SW		
	NAPLES FL 34119	Address	
	candicemarquina@hushmai	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Candice Marquina		239 601-4399 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Set Division of Contract The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1216 N. PARK RD LLC

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(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 SEPT 10, 2020 and assigned Florida document number L20000283834 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 "LLC." 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

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.

City

__ Florida

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
MGR	Jeannette Blanco	4750 3rd Ave SW	□Add
		Naples, FL 34119	Remove
			□Change
MGR	Daniel Marquina	4750 3rd Ave SW	≡ Add
		Naples, FL 34119	□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□Remove
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or more than 90 days after filing.) Pursuant to	
i.m. on the earlier of: (b) The 90th day a	ifter the
y	(optional) In gor more than 90 days after filing.) Pursuant to y filing requirements, this date will not be a.m. on the earlier of; (b) The 90th day a member

Typed or printed name of signee