# Torida Department of State

# **Division of Corporations Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STILES CORPORATION

Account Number : I20020000020

Phone : (954)627-9350

Fax Number

: (954)627-9393

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

Email	Address:	

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SH PEABODY UNIOM MF, LLC

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Page Count	04
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## COVER LETTER

TO: Registration Se Division of Cor		H220	00089064 3	
SH PEABO	DDY UNIOM MF, LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lynda Watkins			
	<del></del>	Name of Person		
	Stiles Corporation			
		Firm/Company		
	201 E Las Olas Suite 1200			
		Address		
	Ft. Lauderdale, FL 33301			
		City/State and Zip Code		
	Lynda, Watkins@Stiles.com E-mail address: (	to be used for future annual report notit	ication)	
For further information c	oncerning this matter, please ca			
Lynda Watkins		954 627-9350		
	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		<u>Street Address:</u> Registration Sec	Stion	
Registration Section Division of Corporations		Division of Corporations		
P.O. Box 632	1.7	The Centre of T	allahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SH PEABODY UNION MF, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L22000077830</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SH PEABODY UNION MF, 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 BON) 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 City

#### 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, na ne, and address of each person—being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
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			□Change

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If amending any other infor	mation, enter change(s) here: (Attach additional sheets, i,	f necessary.)
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Effective date, if other than the self-entire date is listed, the date Note: If the date inserted in this document's effective date on the	the date of filing:  nust be specific and cannot be prior to date of filing or more than 90 days block does not meet the applicable statutory filing requirement Department of State's records.	optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as
e record specifies a delayed effect d is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Pebruary 24	2022	
Zaicu		
	Signature of a member or authorized representative of a member	
	organizate of a memori organization representative of a memori	
Robert Esposito, VP	Typed or printed name of signee	

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