

L23000256888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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STATE OF FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2147 WALDEMERE ST. 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:

NANCY FIORE

Name of Person

Firm/Company

2147 WALDEMERE ST

Address

SARASOTA, FLORIDA 34239

City/State and Zip Code

nancy.fiore123@gmail.com

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

For further information concerning this matter, please call:

NANCY FIORE

Name of Person

at

(248)

Area Code

917 1786

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

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

2147 WALDEMERE ST, 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 05/25/2023 and assigned
Florida document number L23000256888.

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 "L.L.C."

Enter new principal offices address, if applicable:

2147 WALDEMERE STREET

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FLORIDA 34239

Enter new mailing address, if applicable:

2147 WALDEMERE STREET

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FLORIDA 34239

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:

NANCY FIORE

New Registered Office Address:

2147 WALDEMERE STREET

Enter Florida street address

SARASOTA

City

Florida 34239

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

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>	<u>Address</u>	<u>Type of Action</u>
MRG	ANDREW W ROSIN	1966 HILLVIEW STREET	<input type="checkbox"/> Add
		SARASOTA, FL 34239	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MRG	NANCY FIORE	2147 WALDEMERE STREET	<input checked="" type="checkbox"/> Add
		SARASOTA, FLORIDA 34239	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATE OF FLORIDA
SECRETARY OF STATE

2023 NOV 21

2023 JUN 21 PM 3:32

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.

Dated November 17, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee