

L030000020324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entry Name)

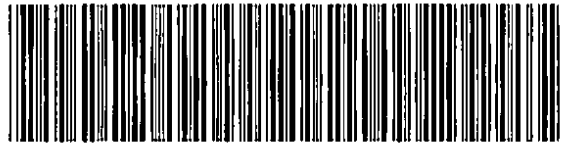
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PROPOSED
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2022 AUG 22 PM 2:47
2022 AUG 22 PM 12:15
TALLAHASSEE FL
TALLAHASSEE FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MOCKINGBIRD DEVELOPMENT, L.L.C

Signature _____

Requested by: SETH

08/19/22

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOCKINGBIRD DEVELOPMENT, L.L.C.

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:

JAMES SHIEBLER

Name of Person

Firm/Company

3 3RD STREET

Address

BONITA SPRINGS, FLORIDA 34134

City/State and Zip Code

jim.shiebler@marcusmillichap.com

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

For further information concerning this matter, please call:

JAMES SHIEBLER

239 340-7811

Name of Person

at ()

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 AUG 22 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FL

MOCKINGBIRD DEVELOPMENT, L.L.C.

(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 JUNE 5, 2003 and assigned
Florida document number L03000020324.

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:

3 3RD STREET

(Principal office address MUST BE A STREET ADDRESS)

BONITA SPRINGS, FLORIDA 34134

Enter new mailing address, if applicable:

SAME AS PRINCIPAL

(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:

RICHARD M. MOGERMAN, P.A.

New Registered Office Address:

2 SOUTH UNIVERSITY DRIVE, SUITE 265

Enter Florida street address

PLANTATION

City

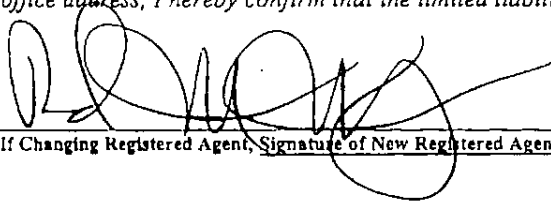
Florida

33324

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>
MGR	JAMES GARNER	201 NORTH FRANKLIN STREET	<input checked="" type="checkbox"/> Add
		SUITE 1100	<input type="checkbox"/> Remove
		TAMPA, FLORIDA 33602	<input type="checkbox"/> Change
MGR	JAMES SHIEBLER	3 3RD STREET	<input checked="" type="checkbox"/> Add
		BONITA SPRINGS, FLORIDA 34134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROGER J. OSBORNE	2211 KILLARNEY WAY	<input type="checkbox"/> Add
		TALLAHASSEE, FLORIDA 32309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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7
7
7
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2022 AUG 22 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FL

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 AUGUST 2022

Signature of a member or authorized representative of a member

ROGER J. OSBORNE

Typed or printed name of signee

Filing Fee: \$25.00