

LO3000020324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entry Name)

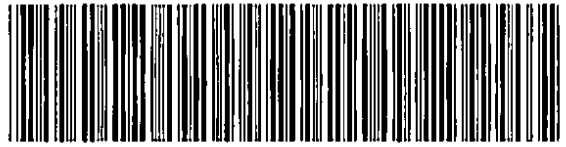
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900393179059

900393179059
FEE: 20.00 + 0.04 = 20.04

FILED
2022 AUG 22 PM 2:47
2022 AUG 22 PM 12:15
TALLAHASSEE FL
STATE OF FLORIDA
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 at (239) 340-7811
Name of Person 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

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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

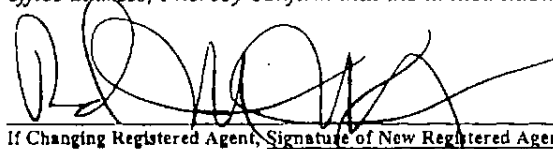
Florida

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

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

Multiple horizontal lines for amending information.

2022 AUG 22 PM 12:15
SECRETARY OF STATE
TULLAH, ALABAMA

FILED

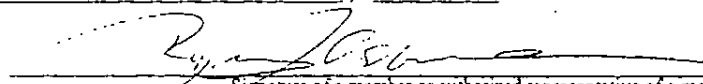
E: Effective date, if other than the date of filing: _____ (optional)

(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