

LO4000046571

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : 102371007705
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MANATEE LANDVEST, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MANATEE LANDVEST, 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:

KEVIN M. COLLVER, ESQUIRE

Name of Person

BARNES WALKER

Firm/Company

3119 MANATEE AVENUE WEST

Address

BRADENTON, FLORIDA 34205

City/State and Zip Code

KCOLLVER@BARNESWALKER.COM

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

For further information concerning this matter, please call:

KEVIN M. COLLVER

Name of Person

at (941) 741-8224

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
(additional copy is enclosed)

Mailing Address:

Registration Section
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**

MANATEE LANDVEST, 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 June 21, 2004 and assigned

Florida document Number L04000046571

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 office 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 the Registered Agent:

LEE E. PROFFITT

New Registered Office Address:

5914 113TH TERRACE EAST

Enter Florida street Address

PARRISH

City

Florida 34219

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.


Changing Registered Agent, Signature of New Registered Agent

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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	LEE E. PROFFITT	5914 113 TH TERRACE EAST PARRISH, FLORIDA 34219	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BRIAN HERRON	3401 WILDERNESS BLVD. WEST PARRISH, FLORIDA 34219	<input type="checkbox"/> Add <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

PARAGRAPH A. OF ARTICLE V "MANAGEMENT" IS DELETED IN ITS ENTIRETY
AND REPLACED WITH THE FOLLOWING PARAGRAPH A:

A. The Company is to be managed by a Manager who will serve in accordance with the terms of the Company's Operating Agreement, and the Manager is LEE E. PROFFITT, whose address is 5914 113th Terrace East, Parrish, Florida 34212.

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.

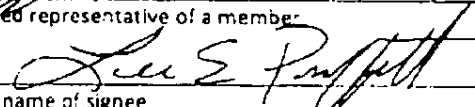
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed.

Dated: August 31, 2023.

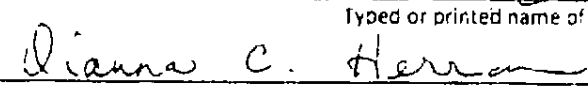


Signature of member or authorized representative of a member

LEE E. PROFFITT, AUTHORIZED REPRESENTATIVE



Typed or printed name of signee



Signature of member or authorized representative of a member

Signature of member or authorized representative of a member

DIANNA HERRON, TRUSTEE OF THE RESIDUARY TRUST ESTABLISHED UNDER ARTICLE IV, SECTION 4 OF
THE BRIAN M. HERRON TRUST DATED JULY 2, 2004, MEMBER

Typed or printed name of signee

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