

1/29/23, 6:57 PM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : J.KEVIN DRAKE, P.A.
Account Number : 120020000002
Phone : (941)954-7750
Fax Number : (941)951-1509

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
ORIOLE CENTER, LLC

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ORIOLE CENTER, 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:

J. KEVIN DRAKE, ESQ.

Name of Person

J. KEVIN DRAKE, P.A.

Firm/Company

1432 FIRST STREET

Address

SARASOTA, FL 34236

City/State and Zip Code

KDRAKE@DRAKELAWYERS.COM

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

For further information concerning this matter, please call:

J. KEVIN DRAKE

941

954-7750 X 108

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ORIOLE CENTER, 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 APRIL 4, 2005 and assigned
Florida document number L05000032667.

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:

(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 New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

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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

AMDR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DRIGGERS, KIMBERLY S.	4509 BEE RIDGE ROAD	<input type="checkbox"/> Add
		UNIT C	<input checked="" type="checkbox"/> Remove
		SARASOTA, FL 34233	<input type="checkbox"/> Change
MGR	BANKS, JERRY	595 BLUEBELL ROAD	<input type="checkbox"/> Add
		VENICE, FL 34293	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GREENBERG, P. DAVID	612 OAK HILL CIRCLE	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DRIGGERS, JIMMY Y.	4509 BEE RIDGE ROAD	<input checked="" type="checkbox"/> Add
		UNIT C	<input type="checkbox"/> Remove
		SARASOTA, FL 34233	<input type="checkbox"/> Change
MGR	WILSEN, SARAH K.	4509 BEE RIDGE ROAD	<input checked="" type="checkbox"/> Add
		UNIT C	<input type="checkbox"/> Remove
		SARASOTA, FL 34233	<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 change(s) here: (Attach additional sheets, if necessary.)

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue lines across its entire width. The margins are consistent on all sides, and there are no vertical lines, text, or other markings present on the page.

E. Effective date, if other than the date of filing: JANUARY 1, 2023 (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 December 30, 2022

Signature of a member or authorized representative of a member

BY: KIMBERLY S. DRIGGERS, AS MANAGER OF KIM FAMILY HOLDINGS, LLC, MEMBER

Typed or printed name of signee