

LO5 0000 47346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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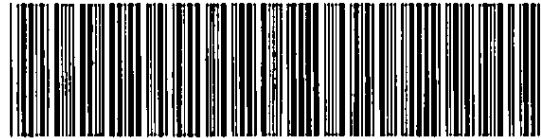
(Business Entity Name)

(Document Number)

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2022 MAR 11 PM 1:11

SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER  
MAR 23 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAIN STREET ACRES, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter D. Madison

\_\_\_\_\_  
Name of Person

Peter Madison Management, Inc

\_\_\_\_\_  
Firm/Company

6465 CAY CIRCLE

\_\_\_\_\_  
Address

BELLE ISLE, FL 32809

\_\_\_\_\_  
City/State and Zip Code

madisonproperty@bellsouth.net

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

For further information concerning this matter, please call:

Peter Madison

\_\_\_\_\_  
Name of Person

at ( 407 ) 908-4548

\_\_\_\_\_  
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**

2022 MAR 11 PM 1:11

MAIN STREET ACRES, LLC

(Name of the Limited Liability Company as it now appears on its records.)  
(A Florida Limited Liability Company)

COUNTY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on MAY 12, 2005 and assigned  
Florida document number L05000047346.

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)

6545 Cay Circle  
Belle Isle, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6545 Cay Circle  
Belle Isle, FL 32809

**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:

Peter D. Madison

New Registered Office Address:

6545 Cay Circle

Enter Florida street address

Belle Isle

City

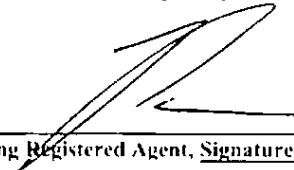
Florida

32809

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>
<u>MGR</u>	<u>East West Development LLC</u>	<u>2320 NW K. L. Ham Road</u>	<input type="checkbox"/> Add
		<u>Suite 8</u>	
		<u>Melbourne, FL 32935</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Recycle Center Inc</u>	<u>6545 Cay Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Belle Isle, FL 32809</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Peter Madison</u>		
	<u>Management Inc</u>	<u>6545 Cay Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Belle Isle, FL 32809</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

March 1, 2022.



Signature of a member or authorized representative of a member

Peter D. Madison  
Typed or printed name of signee

**Filing Fee: \$25.00**