

LD5 000054679  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H220001526603ABCV

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

From:  
Account Name : QUARLES & BRADY LLP  
Account Number : I20000000067  
Phone : (239)434-4922  
Fax Number : (239)213-5452

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 APR 27 AM 8:38

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2022 APR 27 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PARSONS GATOR HOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

A. BUTLER  
APR 28 2022

## COVER LETTER

H220001526603

TO: Registration Section  
Division of Corporations

SUBJECT: Parsons Gator House, 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:

Beverly Zinn

Name of Person

Quarles & Brady LLP

Firm/Company

1395 Panther Lane, Suite 300

Address

Naples, FL 34109

City/State and Zip Code

beverly.zinn@quarles.com

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

For further information concerning this matter, please call:

Gary A. Parsons

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

H220001526603

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H220001576603

FILED

2022 APR 27 AM 8:38

Parsons Gator House, LLC

SECRETARY OF STATE  
(Name of the Limited Liability Company as it now appears on our records) ARASSEE, FL  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 2, 2005 and assigned  
Florida document number L05000054679.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

123 Spoonbill Road

*Enter Florida street address*

Tavernier

, Florida 33070

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
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_____	_____	_____	<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 change(s) here: (Attach additional sheets, if necessary.)**

**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 (?)  
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 4/25/22, \_\_\_\_\_

Signature of a member or authorized representative of a member

**Gary A. Parsons, AMBR**

Typed or printed name of signee

A220001526603