

LO5000111695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

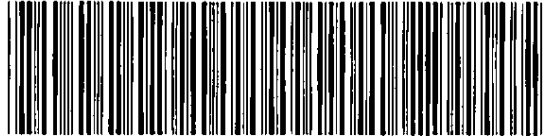
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600416929426

10/10/23--01015--001 **25.00

2023 OCT 10 PM 4:38

FILED

VUL



October 4, 2023

VIA Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Corkscrew of Estero LLC

To Whom it May Concern:

Please find the following enclosed:

- Cover Letter
- Check #6024 in the amount of \$25.00 for LLC Filing Fee
- Articles of Amendment to Articles of Organization of Corkscrew of Estero LLC

If you have any questions, please do not hesitate to contact our office at 239-776-7163.

Sincerely,

A handwritten signature in black ink that reads 'Regen Cona'.

Regen Cona
Legal Assistant
admin@cona.law

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corkscrew of Etereo LLL
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:

Chris CONA
Name of Person

CONA LAW PLLC
Firm/Company

3765 Airport Road, Suite 201
Address

Naples, FL 34105
City/State and Zip Code

use current Email on file
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris CONA at (239) 237-6822
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Corkcien of Esteio 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 11/19/05 and assigned
Florida document number LO5000111695

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

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>
AMBR	Harvey sheldon	2333 Gulf of Mexico Drive	<input type="checkbox"/> Add
		# A-2	<input checked="" type="checkbox"/> Remove
		Longboat Key, Fla 34228	<input type="checkbox"/> Change
AMBR	The Sheldon T/Aeger Family Trust UTD 3/31/23	2333 Gulf of Mexico Drive	<input checked="" type="checkbox"/> Add
		# A-2	<input type="checkbox"/> Remove
		Longboat Key, Fla 34228	<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

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

(This area is crossed out with a diagonal line.)

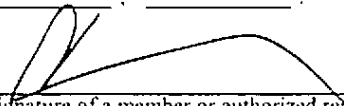
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 10/4/23



Signature of a member or authorized representative of a member

Chris Cona

Typed or printed name of signee