

L060000046245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

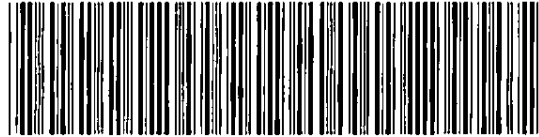
(Document Number)

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NOV 20 2024

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FILED
2024 OCT 30 PM 1:19
CLERK OF SUPERIOR COURT
JANUARY 1, 2025

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CWS- OVIEDO DEVELOPMENT, 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:

BRETT ANZ

Name of Person

CWS- OVIEDO DEVELOPMENT, LLC

Firm/Company

8909 REGENTS PARK DR. STE 420-1

Address

TAMPA, FL 33647

City/State and Zip Code

BRETT.ANZ@TRADECORLLC.COM

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

For further information concerning this matter, please call:

MARGO VAN PELT

813 784-1490
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 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**

CWS- OVIEDO DEVELOPMENT, LLC

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

FILED
2024 OCT 30 PM 1:19

The Articles of Organization for this Limited Liability Company were filed on MAY 3, 2006 and assigned
Florida document number 1.06000046245.

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)

8909 REGENTS PARK DR. STE 420-1

TAMPA, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8909 REGENTS PARK DR. STE 420-1

TAMPA, FL 33647

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: BRETT ANZ

New Registered Office Address: 8909 REGENTS PARK DR. STE 420-1

Enter Florida street address

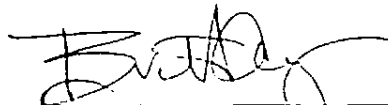
TAMPA, Florida 33647

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>
MGRM	CARL W SAHLSTEN	2801 W FOUNTAIN BLVD	<input type="checkbox"/> Add
		TAMPA, FL 33609	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BRETT ANZ	8909 REGENTS PARK DR STE 420-1	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33647	<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

[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.

Dated OCTOBER 21, 2024

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

BRIEF ANZ

Typed or printed name of signee