

2070000039370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

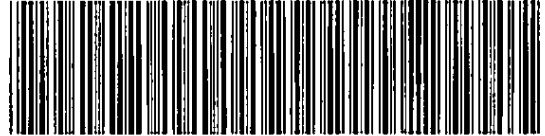
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800396228188

10/20/22--01015--009 \$*20.00

FILED
2022 OCT 20 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUDOR VILLAS CONSTRUCTION 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:

LAURA RAY

Name of Person

TUDOR VILLAS CONSTRUCTION LLC

Firm/Company

3613 DEL PRADO BLVD S

Address

CAPE CORAL FL 33904

City/State and Zip Code

LAURA@FLOODEDLEECOUNTY.COM

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

For further information concerning this matter, please call:

LAURA RAY

Name of Person

at (239) 265-4247

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

FILED
2022 OCT 20 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

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

TUDOR VILLAS CONSTRUCTION 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 04/12/2007 and assigned Florida document number L07000039370.

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:

3613 DEL PRADO BLVD S

(Principal office address MUST BE A STREET ADDRESS)

CAPE CORAL FL 33904

Enter new mailing address, if applicable:

3613 DEL PRADO BLVD S

(Mailing address MAY BE A POST OFFICE BOX)

CAPE CORAL FL 33904

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:

3613 DEL PRADO BLVD S

Enter Florida street address

CAPE CORAL

City

Florida 33904

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	MARIE MANSSON	4928 SW 11th Place	<input type="checkbox"/> Add
		CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DAVID J.BIGELOW II	8792 SWELL BROOKS CT	<input checked="" type="checkbox"/> Add
		N FT MYERS, FL 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WADE RAY	123 EAST NORTH SHORE AV	<input checked="" type="checkbox"/> Add
		N FT MYERS FL 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TUDOR VILLAS CORPORATION	3613 DEL PRADO BLVD S	<input checked="" type="checkbox"/> Add
		CAPE CORAL FL 33904	<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

SECRETARY OF STATE
TALLAHASSEE, FL
2022 OCT 28 AM 10:11
FILED

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

NA

FILED
2022 OCT 20 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 10/14/2022 (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 10/14/2022

WADE RAY

Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00