

208000019515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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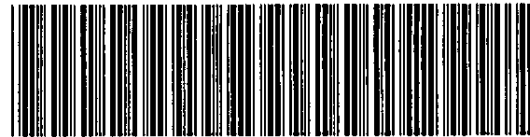
(Business Entity Name)

(Document Number)

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4/2/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NINTH AVENUE PROPERTY, 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:

KERRY ANNE SCHULTZ

Name of Person

FOUNTAIN, SCHULTZ & ASSOCIATES, PL

Firm/Company

2045 FOUNTAIN DRIVE, SUITE A

Address

NAVARRE, FL 32566

City/State and Zip Code

Kaschultz@Fountainlaw.com

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

For further information concerning this matter, please call:

KERRY ANNE SCHULTZ

850 939-3535
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

NINTH AVENUE PROPERTY, 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 2/22/2008 and assigned
Florida document number L08000019515.

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:

CALUDA, MICHAEL J MD

New Registered Office Address:

4012 N. NINTH AVENUE

Enter Florida street address

PENSACOLA

Florida 32503

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>
PRES	RUBEY, ROBERT F MD	4012 N. NINTH AVENUE	<input type="checkbox"/> Add
		PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	HODNETTE, FRANK B JR	4012 N. NINTH AVENUE	<input type="checkbox"/> Add
		PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	TYSON, JOHN W MD	4012 N. NINTH AVENUE	<input type="checkbox"/> Add
		PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	NILSSEN, ERIK C	1040 GULF BREEZE PARKWAY	<input checked="" type="checkbox"/> Add
		SUITE 208	<input type="checkbox"/> Remove
		GULF BREEZE, FL 32561	<input type="checkbox"/> Change
MBR	<u>GIOVANINI, MARK A</u> TRUSTEE OF THE MARK A GIOVANINI TRUST DATED JUNE 3, 2016	600 EAST GOVERNMENT ST	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32502	<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 sheet, if necessary.)

STANDARD FORM NO. 64

16 SEP 19 AM 7:01

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

9/12/2016

Signature of a member or authorized representative of a member

Michael T. Colinda

Typed or printed name of signee