## L08000058729

(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:			





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01/29/24--01018--005 \*\*30.00



## **COVER LETTER**

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TO: Registration Section	۰
SUBJECT: Conmar Properties UC  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:	
Jonathan T. Anderson	
Wood Seitt & Ancierson PA	
3 665 Bee Ridge Rd. # 300	
Sarasota, FL 34233 City/State and Zip Code	
E-hail address: (to be used for future annual report notification)	్ 20
For further information concerning this matter, please call:	
Same of Person at (G141) 954-5772  Area Code Daytime Telephone Number	024 JAN 29 AMI SECRETATION
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

Connac	Properties 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 Florida document number <u>LOBOCO 58729</u> .	y were filed on				
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:	3665 Bee Ridge Rdi				
(Principal office address MUST BE A STREET ADDRESS)	Suit 300 Saasota Fi 34233				
Enter new mailing address, if applicable:	3665 Bee Ridge Rot 1				
(Mailing address MAY BE A POST OFFICE BOX)	Jute 300				
	Sarasota F 34233 1 = 1				
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: JUNG	Nan T. Ancleison				
New Registered Office Address: 3465	Bee Ricke Rd #300  Enter Florida street address				
	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

4.7	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del> ,	Due to the death of cullent managing member
	CONSTANCE S. Blum on 9-21-23 V the subsequent
	One to the clearly of cullent managing Member Constraince S. Blum on 9-21-23 v this subsequent court appointment of co-personal regresentatives on Nov. 21,
	7023 CLIMES AUN JONAThan T Ancieran & Christing
	on Rubins (Co-Personal Representatives), who hereby appoint themselves as successor managing members
	account themselves as successor managing member
<del></del>	of Conmar Properties LLC
	Contract 1000
<del></del>	
	29
****	
If an effective danse. Note: If the contract of the contract o	te, if other than the date of filing:
e record speci ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Jan 22 24
_	Signature of a member or authorized representative of a member
	land the Total Parks has
_	Typed or printed dame of signee

Filing Fee: \$25.00

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>	Name	Address	Type of Action
MGR	Constance S. Flum	Venice FL 34293	□ Add
		Venice, FC 34293	Remove
			□Change
<u>M6R</u>	Jonathan T. Anxierson	3665 Bee Riche Rd. #300	XAdd
		Sansota Fi 34233	□Remove
			2) 2) 2) 2:
MER	Christian M Robins	903 Bramley Ct. #10=FF	ZAdd:
		903 Bramley Ct. #10 FR. Venice Fr. 34293	Remove
		TO TO	_ <b>€</b> □Change
			🗆 Add
		····	□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add □Remove
			LINCHBOVE