

209 000052011

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(Address)

(City/State/Zip/Phone #)

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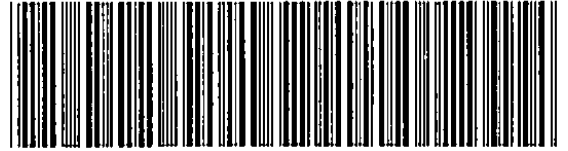
(Business Entity Name)

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2021 SEP -2 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09/14/2021  
JH

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 543 3RD AVE. SO. 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:

GEORGE J VILENISKIS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14265 N. BAYSHORE DR.

\_\_\_\_\_  
Address

MADEIRA BEACH FL 33708

\_\_\_\_\_  
City/State and Zip Code

REAPTS9@GMAIL.COM

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

For further information concerning this matter, please call:

GEORGE J VILENISKIS

727 8715410

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

TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2021 SEP -2 PM 2:17

543 3RD AVE. SO., LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 28TH 2009 and assigned  
Florida document number L09000052011.

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:

14265 N. BAYSHORE DR.

**(Principal office address MUST BE A STREET ADDRESS)**

MADEIRA BEACH FL 33708

Enter new mailing address, if applicable:

14265 N. BAYSHORE DR.

**(Mailing address MAY BE A POST OFFICE BOX)**

MADEIRA BEACH FL 33708

**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:

GEORGE J VILENISKIS

New Registered Office Address:

14265 N. BAYSHORE DR.

*Enter Florida street address*

MADEIRA BEACH

*City*

Florida 33708

*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

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
MGR	IGNAS J VILENISKIS	819 11 ST N., ST PETERSBURG FL 33705	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remc
			<input type="checkbox"/> Chang
MGR	GEORGE J VILENISKIS	14265 N BAYSHORE DR	<input checked="" type="checkbox"/> Add
		MADEIRA BEACH FL 33708	<input type="checkbox"/> Remov
			<input type="checkbox"/> Chang
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.

Dated AUGUST 30 2021

Signature of a member or authorized representative of a member

GEORGE J VILENISKIS

RCR  
Typed or printed name of signee