LIO COCO 75822

(Requestor's Name)	,
(Address)	
(Address)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IIL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	.
Special Instructions to Filing Officer:	
iurona ferm	
Office Use Only	



500383619085

03/18/22--01023--013 **105.00

2022 APR 25 AM IO: 29 SECRETARY OF STATE TALLAHASSEE, FL

O SIMMONS MAY 0 2 2022



March 31, 2022

THERESA MONTERO 13500 POWERS CT, STE 200 FT MYERS, FL 33912

SUBJECT: SHIRLEY STREET, LLC

Ref. Number: L10000075822

We have received your document for SHIRLEY STREET, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 522A00007580

www.sunbiz.org

Division of Constant D.O. DOV COOR Wellshopen Filmide 2021

COVER LETTER

TO: Registration So Division of Co			
	STREET, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	THERESA MONTERO		
	• • • • • • • • • • • • • • • • • • • •	Name of Person	.
	SHIRLEY STREET, LLC		
		Firm/Company	
	13500 POWERS CT., SUI	TTE 200	
	-	Address	<u> </u>
	FORT MYERS, FL 33912	!	
		City/State and Zip Code	
	-	NTEROPTECHNOLOGIES.COM to be used for future annual report no	
For further information (concerning this matter, please c		nt.ication)
THERESA MONTERO		239 425-2585	
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	•
P.O. Box 63. Tallahassee,		The Centre of 2415 N. Mont	rallanassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION APR 25 AM 10: 29

SHIRLEY STREET, LLC

SECRETARY OF STATE TALLAHASSEE, FL

(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 I	iability Company were filed on	JULY 19, 2010 and assigned
Florida document number L10000075822	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX _i	
B. If amending the registered agent and/or agent and/or the new registered office addre		ir records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	THERESA MONTERO	
New Registered Office Address:	13500 POWERS CT., SUITE	200
	Enter	Florida street address
	FORT MYERS	Florida ³³⁹⁶⁶
	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.

f 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
			⊡Add
			□Remove
			□Change
		***************************************	□Remove
			□Remove
			□Change
			□Remove
			□Change

		-		-
				=
				-
				-
	-	 		-
				-
			·····	_
				_
				-
				-
·	-			_
				_
			···	-
				_
			·	-
				_
ffective date, if other than the	date of filing:		(optional)	
on effective date is listed, the date must be set on the blocument's effective date on the D	ock does not meet the applic	cable statutory filing requ	i 90 days after filing.) Pursuant to 60 rements, this date will not be lis	5.0207 (ted as t
record specifies a delayed effectiv Lis filed.	re date, but not an effective t	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day afte	er the
aPRIL 19	2022			
Many 9	<u> </u>	·		
1/100 19	V keep			

Filing Fee: \$25.00

Typed or printed name of signee