# L110000009816

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OCT 2 1 2014

T. BROWN

# **COVER LETTER**

TO:	Registration Division of C	Corporations
SUBJE	PLAC	IDA PROPERTY HOLDINGS, LLC
SUBJE	.c.i	Name of Limited Liability Company
TI.	-11 4-4-1	
I he end	closed Articles	of Amendment and fee(s) are submitted for filing.
Please 1	return all corre	espondence concerning this matter to the following:
		Susan K Flynn, Esq.
		Name of Person
		Placida Property Holdings, LLC
		Firm/Company
		1343 Main St., Suite 701
		Address
		Sarasota, FL 34236
		City/State and Zip Code
		skflynn@gravitasfla.com
		E-mail address: (to be used for future annual report notification)
For furt	ther information	on concerning this matter, please call:
Susa	n K Flynn	941 364-4400 at (
	Nan	ne of Person Area Code Daytime Telephone Number
Enclose	ed is a check fo	or the following amount:
\$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

### PLACIDA PROPERTY HOLDINGS, LLC

ARTICLES OF	AMENDMENT	records.)  All Signature of the second of th
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ARTICLES OF O	RGANIZATION	1900 X
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	7	All list Par
PLACIDA PROPERTY HOLDINGS, LLC		15.00
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our	records.)
(A Florida Limited I	Liability Company)	03/3
The Articles of Organization for this Limited Liability Company	were filed on 01/24/20	and assigned
	were filed on	and assigned
Florida document number L11000009816		
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company " the designation	on "LLC" or the abbreviation "LLC"
The new hane must be distinguishable and one with the words. Billined Blad		
Enter new principal offices address, if applicable:	1343 Main St., Sui	te 701
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 342	36
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>	<del></del>	
B. If amending the registered agent and/or registered of	Maa addrace on our re	people enter the name of the na
b. It amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the nev
The state of the s	±•	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
	Cin	, Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

TIGHTE	A MICHIDEL DELLE WAT	ca or removed mon	i our records.
,		•	
MGR =	Manager		
	9	1	
AMRR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gravitas, LLC	1343 Main St., Suite 700	Add
	•	Sarasota, FL 34236	■ Remove
MGR	Randall A Bono	1343 Main St., Suite 701	<b>=</b> Add
		Sarasota, FL 34236	□ Remove
			Add
		<del></del>	☐ Remove
			Add
			Remove
			Add
			Remove
			□ Remove

	•	
effective date must be speci	an the date of filing:  fic, cannot be prior to date of receipt or filed date and cannot be by the Florida Department of State)	(optional) nore than 90 days after
October 15	2014	
	D. ABom)	
October 15	Signature of a member or authorized representative of one, Manager	a member

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Filing Fee: \$25.00