## 11000060441

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
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<b>(</b> —		,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

5740 WESLEY BROOK DR., 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:

	HEIDI J. GO	SS			
		Name of Person			
	Firm/Company				
	P. O. BOX 1006				
	·	Address			
	ANNA MARI	A, FL 34216			
	<del></del> .	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	hjgossdvm@gma	ail.com		-1 2	
	E-mail address: (t	o be used for future annual report notificat	tion)	ASS BE	
For further information c	oncerning this matter, please c	all:		2013 ÛUL 29 SECRETAR GALLAHASS	
HEIDI J. G	OSS	813 <sub>453-228</sub>	6	L-1<	F
Name o	f Person	Area Code & Daytime T	elephone Number	PM 1: 32  OF STATE F. ELORIBA	ا المسعم المسعم المسورية
				M 1: 32 F STATE F ELORIDA	
Enclosed is a check for the	he following amount:			7 2	
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

## 5740 WESLEY BROOK DR., LLC

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

(A Florida	Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability Florida document number L11000060441	Company were filed on 05/23/20	and assigned
Florida document number	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	· 72 20 13 2
		1A7SS
Enter new mailing address, if applicable:		· (iii) -<
(Mailing address MAY BE A POST OFFICE BOX)		
		SE :
		0m 22
B. If amending the registered agent and/or registered agent and/or the new registered office ad		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		, (iz. 4)
	Enter Flo	rida street address
		, 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 608, 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 amending the Managers'or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	GOSS, HEIDI J.	408 PINE AVE.	Add
		ANNA MARIA, FL 34210	Remove
MGRM	REVOCABLE TRUST OF HEIDI J GOSS DTD 03/21/2000	408 PINE AVE.	 
		ANNA MARIA, FL 3421	6 Remove
			Add
			RELIARY OF STANDARD
		5	Remove
			Add
			( Remove
			Add
			Remove

D. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del> </del>	
<del></del>	
Dated JULY	25 , 2013 / //
Н	Algnature of a member of a member and J. GOSS, TRUSTEE
•	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

SECRETARY OF STATE
SECRETARY OF STATE