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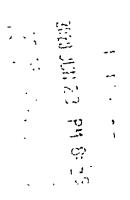
(Requesto	r's Name)
(Address)	
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(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies	Certificates of Status
Special Instructions to Filing C	Officer:





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D. BRUCE AUG 10 2020

LAW OFFICES OF CURTIS & ASSOCIATES PA

C. WILLIAM CURTIS III JAIME COUNCIL

DEBORAHBOWLES@CURTISFIRM.COM

June 19, 2020

Via Certified Mail, Return Receipt Requested (Tracking No. 70191120000006087989)

Registration Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of Pacetti Property LLC

Dear Madam or Sir:

Enclosed please find original Articles of Amendment to Articles of Organization of; Pacetti Property LLC. Our office serves as its Registered Agent. Also enclosed is our Firm's-Check No. 3772 in the amount of \$25.00 representing the filing fee in connection with this matter.

Please direct any questions regarding the foregoing to our office.

Very truly yours.

Deborah A. Bowles

le hearch A. Bowles

Paralegal

Enclosures

COVER LETTER

Div	ision of Cor	porations					
cup in cr		PROPERTY LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		C. WILLIAM CURTIS. II	I				
	Name of Person						
		LAW OFFICES OF CUR	ΓΙS & ASSOCIATES. P.	Α.			
	Firm/Company						
		701 MARKET STREET, U	JNIT 109				
			Address T. AUGUSTINE, FLORIDA 32095				
		ST. AUGUSTINE, FLOR					
			City/State and Zip Code				
		deborahbowles@curtisfirm.					
			to be used for future annual	report notifica	tion)		
For further in	nformation c	oncerning this matter, please ca	all:				
C. WILLIA	M CURTIS.	III	904 S1	9-6959		٠٠.٠	~_;
	Name o	f Person	Area Code	Daytime To	elephone Number	,	; . ; .
						3 .	
Enclosed is a	check for th	ne following amount:				•	ر ٠٠٠ کا.
■ \$25,00 I	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filit Certificate Certified C radditional co	of State	Ç.
	iling Addres gistration S		<u>Street A</u> Registr	ddress: ation Section	y n		
		orporations		n of Corpo			
P.C). Box 632	7	The Ce	ntre of Tall	ahassee		

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PACETTI PROPERTY LLC

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

(A Fioritia	anned thatinty Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed on AUGUS	ST 23, 2011	and assigned
Florida document number L11000097498			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designa	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our record	ls, enter the name	of the new regis
New Registered Office Address:	Enter Florida st		<u> </u>
	Emer Paorica M		
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my c on as provided for in Chap	luties, and I am fa ter 605, F.S. Or, if	miliar with and this document
	If Changing Registered Agent, S	ignature of New Region	stered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being_or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICHARD PACETTI	5560 STATE ROAD 16	□Add
		ST. AUGUSTINE, FLORIDA 32092	□Remove
			≡ Change
MGR	RENEE KIRKER	5820 STATE ROAD 16	
		ST. AUGUSTINE, FLORIDA 32092	□Remove
			≡ Change
MGR KEITH WILLIAM KIRKER	5820 STATE ROAD 16	■Add	
		ST. AUGUSTINE, FLORIDA 32092	□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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	"
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of the late inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	(optional) Tilling or more than 90 days after filing.) Pursuant to 60 utory filing requirements, this date will not be lis
record specifies a delayed effective date, but not an effective time, at 12 Lis filed.	2:01 a.m. on the earlier of: (b) The 90th day after
ated	
<u> </u>	
Signature of a member or authorized rep	resentative of a member

Filing Fee: \$25.00