

L11000124020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

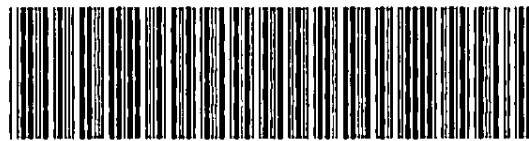
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 FEB -3 AM 6:39

O SIMMONS

MAR 19 2021

COVER LETTER

Registration Section
Division of Corporations

Slattery Family, LLC

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul C. Jensen

Name of Person

Paul C. Jensen, Attorney-At-Law

Firm/Company

2001 16th Street North

Address

St. Petersburg, FL 33704

City/State and Zip Code

paul@jensentaxlaw.com

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

For further information concerning this matter, please call:

Paul C. Jensen

727

825-0099

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Slattery Family, LLC

2021 FEB -3 AM 6:39

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

Articles of Organization for this Limited Liability Company were filed on 10/31/2011 and assigned
Florida document number 111000124020.

This amendment is submitted to amend the following:

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:

50 Coe Road, #112

Principal office address MUST BE A STREET ADDRESS

Belleair, FL 33756

Enter new mailing address, if applicable:

50 Coe Road, #112

Mailing address MAY BE A POST OFFICE BOX

Belleair, FL 33756

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:

Terry L. Sullivan

New Registered Office Address:

50 Coe Road, #112

Enter Florida street address

Belleair

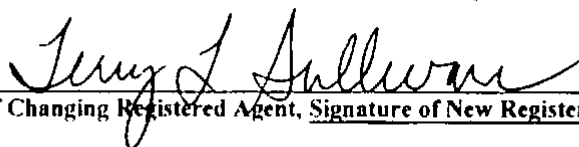
Florida 33756

City

Zip Code

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

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

2021 FEB -3 AM 6:39

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	James M. Slattery	1015 Flushing Avenue	<input type="checkbox"/> Add
		Clearwater, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	Terry L. Sullivan	50 Coe Road, #112	<input checked="" type="checkbox"/> Add
		Belleair, FL 33756	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 FEB -3 AM 6:39

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

dated 1/26/2021

Terry L Sullivan

Signature of a member or authorized representative of a member

MANAGER

TERRY L SULLIVAN

Typed or printed name of signee