LIZOOO

46102

(Request	or's Name)
(Address)	
(Address)	
(City/State	e/Zip/Phone #)
	<u> </u>
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2020

MICHAEL BOZEL OLD SEMINOLE HEIGHTS PROPERTIES, LLC 4700 N NEBRASKA AVENUE TAMPA, FL 33603

SUBJECT: OLD SEMINOLE HEIGHTS PROPERTIES, LLC

Ref. Number: L12000046102

We have received your document for OLD SEMINOLE HEIGHTS PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 420A00018788

Shelia S Young Regulatory Specialist II

www.sunbiz.org

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COVER LETTER

SUBJECT: Old	Seminole He Name of Limi	19hB Properties	, LC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Michael	Bozel Name of Person	
		Name of Person	
	Old Seminal	e Heights Proper	thes, LLC
		Firm/Company	
	4700 N. N.	lbraska Ave.	
	···	Address	, <u> </u>
	Tampa	FL 33603	
		City/State and Zip Code	
	OCM e47cx E-mail address: (t	FL 33603 City/State and Zip Code Command - Common be used for future annual report notifica	(tion)
For further information co	ncerning this matter, please ca	ill:	
Michael	Pozel Person	at (813) 8 235 Area Code Daytime To	8-5+10 elephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

The Articles of Organization for this Limited Liab Florida document number 41200046	oility Company v			920 OCT 5 Phosping of the 2
This amendment is submitted to amend the follow	ing:			· 2:
A. If amending name, enter the new name of the	ne limited liabil	ity company here:		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	de:		ion big of me a	
Enter new mailing address, if applicable:		4700 N.L	Lebraska	. Ave
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	4700 N. L Tampa F	·L 3360	23
B. If amending the registered agent and/or registered office address l		dress on our records	s, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	TERES	A CASTELL	ANO	
New Registered Office Address:	4700	NEBLASH Enter Florida stre	,	NOE
	TAMPA	City	, Florida	33623 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 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
AMBR	Lysa Bozel	1904 E. Park arche Tampa FL 3300	[X]Add
			□Remove
			□Change
<u>Ambr</u>	Michael Bozel	1904 E. Park Circle, Tampa FL33611	C [t X Add
			🗆 Remove
			□Change
President	PEH Corpration	<u> </u>	🗆 Add
		9735 Wilshire Blvd Boverlyt	HILK TRemove
			□Change
<u></u>			□Add
			□Remove
			□Change
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<u> Yote:</u>	tive date, if other than the date of filing:
recor I is fi	rd 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 fled.
ated	29 July , 2020 Signature of a member or authorized representative of a member
	Michael A. Bozel

Filing Fee: \$25.00