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Registration Section

TO:

Div	ision of Cor	porations				
CUPICER	Banana Lal	ce Properties, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing			
riease return	an correspo	ondence concerning this matter	to the following:			
		Patricia Jill Ashley				
			Name of Person			
		• •	Firm/Company		: Î	9 533
		2710 Skimmer Point Dr. S				:-:
			Address			9
		Gulfport, FL 33707-3988			• •	: :
			City/State and Zip Code	 		-::- ::
		jill@ashleyfinancialservice				ಛ
		E-mail address: (to be used for future annual report no	tification)		
For further in	iformation c	oncerning this matter, please c	all:			
Patricia Jill	Ashley		863 446-1650 at ()			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is a	check for th	ne following amount:				
■ \$ 25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified (additional c	e of Stat Copy	us &
Mailing Address:		Street Address:	action			
Registration Section Division of Corporations		Registration Se Division of Co				
P.O. Box 6327		The Centre of				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Banana Lake Properties, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000000728	were filed on 01/02/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	-	<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 office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ī
	, Flo	orida
New Registered Agent's Signature, if changing Registered Agent:	•	гур соне
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	ee to act in this capacity. I fur performance of my duties, an	d I am familiar with and

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	Frank M. Ashley III	2710 Skimmer Point Dr. S	= Add
		Gulfport, FL 33707-3988	□ Remove
			□Change
			□Add
			☐ Ghange
			□Add
			□Remove
		 	□Remove
			□Change
			□ Add
			□ D ann ann
			□Chance

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. 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. If the 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 record is filed. Dated MAY 4 . 2023 Signature of a member or authorized representative of a member Frank M. Ashley III

Filing Fee: \$25.00

Typed or printed name of signee