Division of Corporations

→ 18506176383

⊙ 05/26/2022 8:38 AM 5/26/22, 11:32 AM

Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PREMIER ESTATES OF MUSCATINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00



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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PREMIER ESTATES OF MUSCATINE, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000105584</u>	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "ELC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	Lakewood Ranch, FL 34240			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7439 Merchant Ct Lakewood Ranch, FL 34240			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ne of the new registere		
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Florida street oddress			
· · · · · · · · · · · · · · · · · · ·	, Florida	: <u>(7</u>		
	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 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 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
Member	IANE PROPERTIES I. LLC	7439 Merchani Ct	
		Lakewood Ranch, FL 34240	Remove
			■ Change
	<u></u>		□ Add
			Remove
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ote:	If the date inserted in this b	ne date of filing: nust be specific and cannot be problem to the appoint of State's reconditional and the appoint of State's reconditional and the specific	licable statutory filin	(optional) ore than 90 days after filing.) Pure g requirements, this date will	suant to 605.020 not be listed a
recon Lis fil		ive date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b) The 90t	th day after the
ated	May 26	, 2022			
		,			
		Signature of a member or ac	athorized representative	of a member	

Filing Fee: \$25.00