L13000111651		
(Requestor's Name) (Address) (Address)	400386452364	
(City/State/Zip/Phone #)	05/06/2201018002 <b>*</b> +25.00	
(Business Entity Name)(Document Number)Certified CopiesCertificates of Status	01V1S10 22 H	
Special Instructions to Filing Officer:	AY -6 AH 8: 05	
Office Use Only	T. MATTHEWS JUN 28 2022	

## **COVER LETTER**

#### TO: Registration Section Division of Corporations

OZINUS PALMETTO LLC

SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MARIE B. CODE, ESQ.

Name of Person

MARIE B. CODE, ESQ., P.L.

Firm/Company

1308 SW 27TH TERRACE

Address

CAPE CORAL, FLORIDA 33914

City/State and Zip Code

MARIE@MARIEESQUIRE.COM

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

239

Area Code

at (

829-0063

For further information concerning this matter, please call:

MARIE B. CODE, ESQ.

Name of Person

Enclosed is a check for the following amount:

**\$**25.00 Filing Fee

S30.00 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

Daytime Telephone Number

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UN PREED SECKLIARY OF STATE DIVISION OF CORPORATIONS

#### **OZINUS PALMETTO LLC**

22 MAY -6 AM 8: 05

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

The Articles of Organization for this Limited Liability Company were filed on <u>AUGUST 7, 2013</u> and assigned Florida document number L13000111651

This amendment is submitted to amend the following:

### A. 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: (Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

#### 12381 SO. CLEVELAND AVENUE

SUITE 203

FORT MYERS, FLORIDA 33907

12381 SO. CLEVELAND AVENUE

SUITE 203

FORT MYERS, FLORIDA 33907

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here:

	City,	Florida Zip Code
<u>New Registered Office Address</u> .	Enter Florida street add	
New Registered Office Address:		
Name of New Registered Agent:		

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, <u>enter the title, name, and address of each person</u> being addee or removed from our records:

# MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<b>Type of Action</b>
AMBR	OZINUS REALTY	12481 BRANTLEY COMMONS COURT	Add
		FORT MYERS, FLORIDA 33907	
			□Change
AMBR OZINUS REALTY	OZINUS REALTY	12381 SO. CLEVELAND AVENUE	🖬 Add
		SUITE 203	
	FORT MYERS, FLORIDA 33907	Change	
			🗆 Add
			Change
		<u></u>	🗆 Add
			🗆 Change
			🗆 Add
		Remove	
	·	🗆 Change	
	·····	- <u>-</u>	🗆 Add
			🗌 Remove
			□Change

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

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

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 _	APRIL 27	, 2022
	Mario B	olo
	Signature of a member or authorized representative of a member	
	MARIE B. CODE, AUTHORIZED	REPRESENTATIVE
		Typed or printed name of signee