43000156175

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2021 SEP 29 AM 8: 51 SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
	N ROAD LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	SANTO J VILARDI		
		Name of Person	
	DEACON ROAD LLC		
		Firm/Company	
	4411 PROCTOR ROAD		
		Address	
	SARASOTA FL 34233		
		City/State and Zip Code	
	SAM@PROLINERETAIL E-mail address: (CONSTRUCTION.COM to be used for future annual report notific	cation)
For further information	n concerning this matter, please c	•	·
SANTO J VILARDI		941 504-6055 at ()	
Nam	e of Person		Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Adda Registration		Street Address: Registration Sect Division of Corp	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEACON ROAD LLC					
(<u>Name of the Limited Liabi</u> (A Flori	ility Compan da Limited Li	y as it now appears on our reco ability Company)	ords.)		
The Articles of Organization for this Limited Liability	Company w	vere filed on 11/06/2013		and assign	ned
Florida document number L13000156175	····································				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liabil	ity company here:			
NA			40	~2	
The new name must be distinguishable and contain the words "Li	imited Liabilit	y Company," the designation "L	\rightarrow \subset		
Enter new principal offices address, if applicable:		4411 PROCTOR ROAD	든집	SEP	
(Principal office address MUST BE A STREET ADD	ORESS)	SARASOTA FL 34233	三宝	<u> </u>	
			(S) (O) (M) (I)	<u> </u>	
			E ST	ထ် _န	المسا
Enter new mailing address, if applicable:		4411 PROCTOR ROAD		_ <u>5</u>	.
(Mailing address MAY BE A POST OFFICE BOX)		SARASOTA FL 34233		· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or register	ed office se	idress on our records, ent	er the name o	f the new r	egistered
agent and/or the new registered office address here:		autess on our records, <u>enc</u>	er the name o	i ene nem j	egistered
Name of Nau Projectored Agents NA					
Name of New Registered Agent.			<u> </u>		
New Registered Office Address: NA					
		Enter Florida street add	ress		
			Florida	7:- C. J.	
	_	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>	Name	Address	Type of Action
NA NA	NA 	NA	□Add
			Remove
		Change	
			□Add
			□Remove
			☐ Change
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Note:	ive date, if other than the date of filing:
recor d is fi	d 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 led.
Dated	SEPT 27-TH 2021
	Signature of a member or authorized representative of a member
	SANTO J VILARDI
	Typed or printed name of signee

. . .

Filing Fee: \$25.00