Division of Corporations **Electronic Filing Cover Sheet**

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: POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : 120170000034

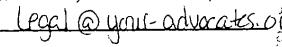
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To: DOC DOC Page 2 of 7

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February 11, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PINE KEY, LLC 1210 EL DORADO PARKWAY CAPE CORAL, FL 33904

SUBJECT: PINE KEY, LLC

REF: L14000107789

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000019130 Letter Number: 820A00003083 To: DOC DOC Page 7 of 7

850-617-6381

1/21/2020 12:28:20 PM PAGE 1/001 Fax Server



January 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PINE KEY, LLC 1210 EL DORADO PARKWAY CAPE CORAL, FL 33904

SUBJECT: PINE KEY, LLC

REF: L14000107789

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the proper box only when you remove or add individuals.

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.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000019130 Letter Number: 920A00001462

COVER LETTER

	porations	•	
PINE KEY,	LLC	•	
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RICHARD RICCIARDI		
		Name of Person	
		Firm/Company	· · ·
	12381 S. CLEVELAND	AVE	·
		Address	· · · · · · · · · · · · · · · · · · ·
	FORT MYERS, FL 3390	77	
		City/State and Zip Code	
	LEGAL@YOUR-ADVOC		
	E-mail address: (to be used for future annual report no	tification)
For further information co	oncerning this matter, please o	all:	
RICHARD RICCIARDI		239 689-1096 at ()	
Name of	Person	Area Code Daytin	me Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fec	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINE KEY, LLC		
(Name of the Limited Liability Co. (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing Horida document number L14000107789	any were filed on 07/08/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	
Enter new mailing address, if applicable:		2020 SE TAL
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	0.00	
	Enter Florida street address	
	, Florid	la Zip Code
New Registered Agent's Signature, if changing Registered Age	•	·
I hereby accept the appointment as registered agent and a		er agree to comply with the
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent	lete performance of my duties, and l	' 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 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
AMBR	DON FRANKLIN	1095 HANCOCK CREEK S. BLVD	= Add
		CAPE CORAL, FL 33909	Remove
			■ Change
MGR	JAN FRANKLIN	1095 HANCOCK CREEK S. BLVD	■Add
		CAPE CORAL, FL 33909	■Remove
			■ Change
			= Add
			■ Remove
			■Change
			■Add
			■ Remove
			■ Change
			M Add
			■Remove
			■ Change
			■Add
			■ Remove
			• Change

 				
				
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ective date, if other than the c	01/10/2020 late of filing:		(optional)	
reffective date is listed, the date must te: If the date inserted in this bloom	he specific and cannot be prior t	o date of filing or more th	an 90 days after filing.) Pursi	rant to 605.0207 (3)(b) of he listed as the
te: If the date inserted in this old- cument's effective date on the Dep	partment of State's records.	ore statutory rung req	menencs, this date with t	or or iisto D uic
cord specifies a delayed effective	date, but not an effective tir	ne, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
s filed.				
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JANUARY 10		- ·		
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