

L14000 No 1736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

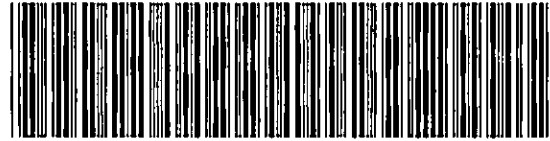
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 JAN 18 PM 1:01

JAN 26 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2040 TARPON BAY DA LLC  
Name of Limited Liability Company

2018 JAN 18 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Michele Rene DEMISAY  
Name of Person

2040 TARPON BAY DA LLC  
Firm/Company

PO Box 110576  
Address

NAples, FL 34108  
City/State and Zip Code

PMDREALTY@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele at (239) 963-7643  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2040 TARPON BAY DR LLC

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

2018 JAN 18 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-9-14 and assigned  
Florida document number L14000161736

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:

2040 TARPON BAY DR N  
# 101  
NAPLES FL 34119

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

P.O Box 11076  
NAPLES FL 34108

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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

Title                      Name                      Address                      Type of Action

MR                      PETER DEMISAY                      PO Box 413005                       Add  
PMB # 56                       Remove *AS 08-01-2012*  
NAPLES, FL 34101

\_\_\_\_\_  Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

\_\_\_\_\_  Change

\_\_\_\_\_  Add

\_\_\_\_\_  Remove

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\_\_\_\_\_  Remove

\_\_\_\_\_  Change

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

Michele Rene Demisay owns 100% of the membership interest of this LLC

E. Effective date, if other than the date of filing: 12-5-18 (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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
a) The 90th day after the record is filed.

Dated JANUARY 15, 2019.

Michele Rene Demisay

Signature of a member or authorized representative of a member

Michele Rene Demisay

Typed or printed name of signee