

L14000 192 218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

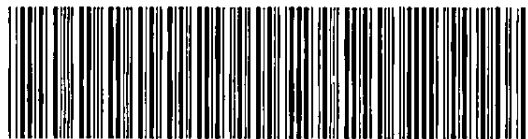
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1/16/25

Office Use Only



500440147805

11/25/24--01015--012 **25.00

FILED
2025 JAN 15 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Seagate Suites, LLC

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:

Susan Jennings

Name of Person

Seagate Suites, LLC

Firm/Company

1415 Pather Lane, Suite 550

Address

Naples, FL 34109

City/State and Zip Code

Susan@SeagateSuites.com

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

2013 JAN 15 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Susan Jennings

239

776-8225

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2025

SUSAN JENNINGS
1415 PATHER LANE SUITE 550
NAPLES, FL 34109

SUBJECT: SEAGATE SUITES, LLC
Ref. Number: L14000192218

We have received your document for SEAGATE SUITES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 425A00000255

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Seagate Suites, LLC

(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 12/17/2014 and assigned
Florida document number L14000192218.

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)

1415 Panther Lane

Suite 550

Naples, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1415 Pather Lane

Suite 550

Naples, FL 34109

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:

Susan M. Jennings

New Registered Office Address:

6121 Shady Oaks Lane

Enter Florida street address

Naples

, Florida 34119

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Joseph Covelli	1415 Panther Lane	<input type="checkbox"/> Add
		Naples, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Marie Jennings	1415 Panther Lane	<input checked="" type="checkbox"/> Add
		Suite 550	<input type="checkbox"/> Remove
		Naples, FL 34109	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF GOVT
TALLAHASSEE
2023 JAN 15 AM 10:54
C
10:54
Add

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

E. **Effective date, if other than the date of filing:** 12/1/2024 (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.

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 November 21, 2024

Rusan M. Jennings

Signature of a member or authorized representative of a member

Susan M. Jennings

Typed or printed name of signee

Filing Fee: \$25.00