

W15000017691

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(Address)

(Address)

(City/State/Zip/Phone #)

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S. CHATHAM

SEP 30 2022

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUL -1 PM 3:10

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 9200 49TH STREET, 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:

Jeffrey P. Coleman

Name of Person

Coleman Law Firm

Firm/Company

581 S. Duncan Ave.

Address

Clearwater FL 33756

City/State and Zip Code

jeff@colemanlaw.com

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

For further information concerning this matter, please call:

Jeffrey P. Coleman

at ( 727 )

461-7474

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

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

9200 49TH STREET, 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 01-29-2015 and assigned  
Florida document number L15000017691.

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 "LLC."

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)

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JENNY TSANTILAS	3017 KEY HARBOR DR.	<input type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GEORGIA A. CHRISTOPOULOS	3017 KEY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANTIOPH G. CHRISTOPOULOS	3017 KEY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMANTHA S. CHRISTOPOULOS	3017 KEY HARBOR DRIVE	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR FL 34695	<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

22 JUL - 1 PM 3:10  
Division of Children & Family Services  
Office of Child Support Enforcement  
1000 N. Orange Ave., Suite 100  
Orlando, FL 32801  
407.243.1000

[illegible]

(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)

ST. CL. DIVISION  
JUL 22 1965  
P13:30

Dated

June 22, 2022

  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JEFFREY P. COLEMAN, Esquire

Typed or printed name of signee

**Filing Fee: \$25.00**