# 115000112098

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
<u> </u>	Office Use Only



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Letter Number: 221A00025380

## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2021

MARC GAGLIARDI 2080 RINGLING BLVD SARASOTA, FL 34237

SUBJECT: SRQ BAYSHORE, LLC

Ref. Number: L15000112098

We have received your document for SRQ BAYSHORE, 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.

Tekayla T Matthews OPS

www.sunbiz.org

TO: Registration So Division of Cor			
SRQ BAYS	SHORE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARC GAGLIARDI		
		Name of Person	
	SRQ BAYSHORE, LLC		
	<del></del>	Firm/Company	
	2080 RINGLING BOULE	VARD	
		Address	<u></u>
	SARASOTA FLORIDA 3	4237	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	OPSISLLC@GMAIL.COM	f to be used for future annual report not	
For further information c	concerning this matter, please co		meation)
MARC GAGLIARDI	onecoming and mander, prease e	941 524 4090	
Name of Person			ne Telephone Number
Name o	i i erson	Area Code Dayum	e reteptione (vutiber
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	•

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

SRQ BAYSHORE, LLC SUBJECT: 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: MARC GAGLIARDI Name of Person SRQ BAYSHORE, LLC Firm/Company 2080 RINGLING BOULEVARD Address SARASOTA FLORIDA 34237 City/State and Zip Code OPSISLLC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARC GAGLIARDI Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee □ \$30.00 Filing Fee & S55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

## ARTICLES OF AMENDMENT TO **OF**

ARTICLES OF ORGANIZATION

21 KC! -1 PH 3: 21

#### SRQ BAYSHORE, 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 L Florida document number L15000112098	Liability Company	were filed on 07/0	2/2015 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2080 RINGLING	BOULEVARD
(Principal office address MUST BE A STRE		SARASOTA FL	34237
		<del></del>	
Enter new mailing address, if applicable:		2080 RINGLING	BOULEVARD
(Mailing address MAY BE A POST OFFICE BOX)		SARASOTA FL	34237
		<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our rec	cords, <u>enter the name of the new registe</u>
Name of New Registered Agent: MARC GAGL		IARDI	
New Registered Office Address:	2080 RINGLIN	NG BOULEVARD	
	Enter Florida street address		
	SARASOTA		, Florida <sup>34237</sup>
		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 a 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

or removed from our records:

MGR = M AMBR = A	1anager Authorized Member	Address 21 ROV - 1 PH	3: 21
<u>Title</u>	<u>Name</u>	Address 21 Roll - 1 Pri	Type of Action
MGR	ROSE M JENKINS	34650 US HIGHWAY 19 N, SUITE 108	□Add
		PALM HARBOR, FL 34684	■Remove
			□Change
MGR	MARC GAGLIARDI	2080 RINGLING BOULEVARD	
		SARASOTA FL 34237	□ Remove
			□Change
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