116 00000 8811



(Re	equestor's Name)	
	(4	
(Ad	ldress)	
	ldress)	
(/10	(dic33)	
(Cit	ty/State/Zip/Phone	e #)
·		•
	□ MALAUT	
☐ PICK-UP	WAIT	MAIL
. 		
(Bu	isiness Entity Nan	ne)
	cument Number)	
(LX	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer	
Special instructions to	Timing Officer.	

Office Use Only



500332682315

08/12/19--01033--033 **25.00

(S. 6)

Amend

SEP 1 6 2019 I ALBRITTON

COVER LETTER

TO:

Registration Section
Division of Corporations

AUDREY PLACE LLC

There for Alberton
L ,

SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	FRANK STARKEY		
	AUDREY PLACE LLC	Name of Person	
		Firm/Company	
	5742 MAIN STREET	Address	7-1-1-1-1
	NEW PORT RICHEY, F		
	STARKEY.F@GMAIL.C	City/State and Zip Code OM	- 11- 11- 11- 11- 11- 11- 11- 11- 11- 1
	E-mail address:	(to be used for future annual repo	rt notification)
For further information of	concerning this matter, please of	call:	
FRANK STARKEY		813 294-8	029
Name o	of Person	at () Area Code D	laytime Telephone Number
Enclosed is a check for t	he following amount:		:
\$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60,00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

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 の語の記念に

Certificate of Status:&

(additional copy is enclosed)

ហ

Certified Copy



August 22, 2019

FRANK STARKLEY 5742 MAIN STREET NEW PORT RICHEY, FL 34652

SUBJECT: AUDREY PLACE, LLC Ref. Number: L16000008811

We have received your document for AUDREY PLACE, LLC and your check totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following reason:

The information was updated when the 2019 annual report was filed on February 8, 2019.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 319A00017384

Irene Albritton Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUDREY PLACE 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 _____ and assigned L16000008811 Florida document number 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) 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 n registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR STARKEY. FRANK S		5939 GRAND BLVD	
			Add
		NEW PORT RICHEY, FL 34652	
			☐ Remove
			■ Change
			Add
			Remove
			Change
			□ Add
		☐ Remove	
			Change
		Add	
			□ Remove
			Change
		Add	
			Remove
			Change
		Add	
			□ Remove
			Change

	ig any other information, enter change(s) here: (Anach adamonta sheets, if hecessary.)
Note: If th	late, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	Sept 9 . 2019.
-	Signature of a member or authorized representative of a member
	FRANK STARKEY
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00