L16000023978

(Re	equestor's Name)	
(100	squestor s Marrie)	
(0.4	ldress)	
(70	idless)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	<u> </u>
opeoidi Mistractionis to	ining Officer,	
		Ī
		dia
		7/11

Office Use Only



100372327241

08/28/21--0:013--018 ••25.00

2021 SEP 47 PM 9: 46
SECRETARY OF STATE
TALLAHASSEEL HE THE





#EOEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2021

CHRISTOPHER A ROCHE 229 N COLLIER BLVD MARCO ISLAND, FL 34145 US

SUBJECT: MARCO ISLAND REALTY LLC

Ref. Number: L16000023978

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

The form you submitted is for a ARTICLES OF ORGANIZATION FOR LLC, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

The attached "Amerdment to + is an LLC. Regards, Chris

Jasmine N Horne Regulatory Specialist II

Letter Number: 321A00021530

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Division of Corporations Marco Island Realty, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fees(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Christopher A. Roche Name or Person Firm/Company 229 N. Collier Blyd. Address Marco Island, PL 34145 City/State and Zip Code Len@mymarcorealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: <u>Christopher A. Roche</u> at <u>(239) 389-0700</u> Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Filing Foa S Filing Contributed Copy of Secondarities [x] \$25.00 [] \$30.00 [] 355.00 Filina Fee Filing Fee & Filing Fee, Certificate Centificate of Status of Scacus & Certified radditional copy Copy (additional copy visional experience is enclosed) Mailing Address: Street/Courier Address: Registration Section Pegastration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle

Tallahassee, Florida 32301

ARTICLES OF AMENDMENT

FILED 2021 SEP 17 PH 9: 47

ARTICLED OF ORGANIZATION

OF SECRETARY OF STATE

(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 $\frac{1}{10000023978}$ and assigned Florida document number $\frac{1}{10000023978}$.

A. If amending the name, the new name of the company is: (enter new name here):

The mailing address and street address of the principal define of the Limited Diabelity Company is:

Principal Office Address:

Mailing Address:

(must be a street address)
601 E. Elkcam Circle, Unit C5
Marco Island, FL 34145

COL E. Elkosm Circle, Unit C-5 Mages Island, FL 34145

B. If amending the registered agent and/or registered office on our records:

(The Limited Liability Company dannot serve as its own Registered Agent. You must designate as individual or another business entity with an active Florida (egistration.)

The name of the new registered agent and Florida street address of the registered agent are:

Christophe: A. Roche

229 N. Collier Blvd.
Florida Street Address (b.u. Box NOT accepted)

Marco Island, FL 34145
City Fig.

I hereby accept the approximation of this constitution with all statutes capacity. I turns also the constitution of the change in the constitution, I hereby constitution that the limited liability company has been notified in writing of this change.

Fedictored Agent's Stoneture (REQUIRED)

(CONTINUED)

MCR Remove: R. William Powell, Jr.	<pre>Title: "MGR" = Manager "AMBR" = Authorized Member</pre>	<u>Name_and_Address</u>
E. Effective date, if other than the must be specific and cannot be more than days after the date of filing.) Dated August 23, 2021 REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. (in according with the second in the execution of a member of a member of a member of a member. (in according with the second in the execution of a member of a member of a member. (in according with the execution of a member of a member of a member. (in according with the execution of a member of a member of a member. (in according with the execution of a member of a member of a member. (in according with the execution of a member of a member of a member. (in according with the execution of a member of a member of a member. (in according with the execution of a member of a member. (in according with the execution of a member of a member. (in according with the execution of a member of a member. (in according with the execution of a member of a member. (in according with the execution of a member of a member. (in according with the execution of a member. (in according with the execution of a member of a member. (in according with the execution of a m	MGR	1083 N. Collier Blvd., #331
REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. In according with the first of the execution of the panilities of the second and the first of the execution of the control of the execution of the execution of the panilities of the execution of the executi	D. If amending any other information	on, enter change(s) here:
the execute note to the control of the first tree, the execute note to the control of the control of the control of the nare true. I am eware that the control of the contr	days after the date of filing.) Dated August 23, 2021	te must be specific and cannot be more than 90
<u>leonard L. Publi</u>	(1) / \/ \/ \/	1
	the execution of the check the execution of the check the control of the check the che	The first transfer and the second and the second and the second are true. The second
Typed or printed name of signee Filing Fees:	the extension of the concept of the extension of the concept of th	The first teacher, the state of