Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NADMY THOMPSON, P.L.

Account Number : I20090000014

: (941)907-3999

Fax Number

: (941)840-5559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **5255 MENORCA LLC**

Certificate of Status	0
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DEC 1 4 2021

S. PRATHER

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### **COVER LETTER**

TO: Registration So Division of Con			
	ORCA 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:	
	Patrick Bryant		
		Name of Person	
	Najmy Thompson, P.L.		
		Firm/Company	
	1401 8th Ave W		
		Address	
	Bradenton Ft. 34205		
		City/State and Zip Code	
	Dgizys@najntythompson.co	om to be used for future annual report no	vulcation
For further information (	concerning this matter, please c		Anneason,
David Gizys		941 7482216 at ()	
Name (	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of C	

P.O. Box 6327

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



5255 MENORCA 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 C Florida document number L16000069867	Company were filed on 04/0	8/2016 and assigned		
This amendment is submitted to amend the following:	<del></del> ·			
A. If amending name, enter the new name of the lim	ited liability company her	ē:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the de-	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	102 48th St	102 48th St		
(Principal office address MUST BE A STREET ADDI	RESS) Holmes Beach, F	Holmes Beach, FL 34217		
Enter new mailing address, if applicable:	PO BOX 4099			
(Mailing address MAY BE A POST OFFICE BOX)	ANNA MARIA,	FL 34216		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our re	cords, enter the name of the new registered		
Name of New Registered Agent: Najm	Name of New Registered Agent:  New Registered Office Address:  Najmy Thompson, P.L.  1401 8th Ave W  Enter Florida street address			
New Registered Office Address: 1401				
Brade	enton	, Florida <sup>34205</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 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>	Name	Address	Type of Action
MGR	SIESTA KEY JV, LLC	250 CIVIC CENTER DR	□ Add
		SUITE 500	
		COLUMBUS, OH 43215	
MGR Shawn T. Kaleta	Shawn T. Kaleta	PO BOX 4099	
		ANNA MARIA, FL 34216	
		Change	
		□Add	
		□Remove	
		□Change	
		□Add	
	42	□Remove	
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		□Add	
			□Remove
			☐ Change
		□Add	
		□Remove	
			(1) (1)

D. If amending any other information	i, enter change(s) here: (Attach additional sheets, if necessor	<i>1</i> 17:.)
		<u></u>
		<del></del>
<del></del>		<del></del>
		<u> </u>
		<del></del>
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	te of filing: (option: specific and cannot be prior to date of filing or more than 90 days after filing on more than 90 days after filing network the applicable statutory filing requirements, this days that of State's records.	al) ing.) Pursuant to 605.0207 (3)( ate will not be listed as the
	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b)	
record is filed.	2021	2021   >EUR TALLA
Dated December 13	. 2021	2021 DEC 13 SEURE JARY ALLAHASSEI
Sig	gnature of a mornber or authorized representative of a member	C 13 PH
Patrick Bryant		STA LOR
	Typed or printed name of signee	35

Filing Fee: \$25.00