

L16000079000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2121 NE PARK 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:

SPENCER LEE

Name of Person

Firm/Company

8114 SARATOGA WAY

Address

PORT ST LUCIE, FL 34986

City/State and Zip Code

SDARRELLLEE@iCLOUD.COM

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

For further information concerning this matter, please call:

SPENCER LEE

561 310-8808

at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

2121 NE PARK 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 04/21/2016 and assigned
Florida document number L16000079000.

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)

LEE

8114 SARATOGA WAY

PORT ST LUCIE, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

LEE

8114 SARATOGA WAY

PORT ST LUCIE, FL 34986

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	GERALD A. DIBARTOLOMEO	2222 COLONIAL ROAD # 200	<input type="checkbox"/> Add
		FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PASQUALLE LAMARRA	10921 SW DUNHILL COURT	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34987	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAYMOND CRUMP	1322 SW ABINGTON AVENUE	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN ESCOBAR	7664 SOUTH US 1	<input type="checkbox"/> Add
		PORT ST LUCIE, FL 34952	<input checked="" 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

17 JUN -6 AM 7: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
WASHINGTON, D.C. 20520
17 JUN -6 AM 7:15
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 02, 2017

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

SPENCER LEE

Typed or printed name of signee