## L16000120291

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/9/21

## **COVER LETTER**

TO: Registration S Division of Co				
( - 0	R LOT 36A LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	GLEN FERGUSON			
	GSF GROUP LLC	Name of Person		2021 OCT -4 PM 3: 10 SECRETARY OF STATE TALLYSIASSEE, FL
		Firm/Company		
	433 PLAZA REAL, STE I	351		. <b>4 P</b>
		Address		
	BOCA RATON, FL 3343.	2		ALE TO
	11.	City/State and Zip Code		
	GLEN@GSFGROUPCPA		<del> </del>	
		to be used for future annual report notif	ication)	
For further information	concerning this matter, please c	all:		
GLEN FERGUSON		561 990-5000 x1		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Regist	LING ADDRESS: tration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TULEMAR LOT 36A LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our record ited Liability Company)	<u>15.</u> )
The Articles of Organization for this Limited Liability Comp	any were filed on 06/22/16	and assigned
lorida document number 1.16000120291		
his amendment is submitted to amend the following:		
x. If amending name, enter the new name of the limited	liability company here:	
TULEMAR PAZAMORE LLC		
he new name must be distinguishable and contain the words "Limited I	liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		021 OC
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	·	78.7 F
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		, E O
3. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	<b>7.</b> 5
		orida
	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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
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			☐ Remove
			Change
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Filing Fee: \$25.00