

L17000028088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

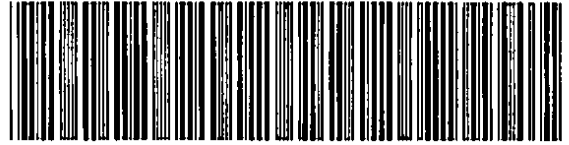
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FILED
2021 NOV 15 PM 12:24
SEC. CLERK OF STATE
TAMM, AL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10 FIGURE DEVELOPMENT 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:

MARK SHAFER

Name of Person

10 FIGURE DEVELOPMENT LLC

Firm Company

501 WEST BAY DRIVE; #496

Address

LARGO, FLORIDA 33770

City/State and Zip Code

MARK.SHAFFER@10FIGDEV.COM

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

For further information concerning this matter, please call:

MARK SHAFER

727

263-9044

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

10 FIGURE DEVELOPMENT 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 02/02/2017 and assigned
Florida document number L17000028088.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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:

1302 AMBLE LANE

(Principal office address MUST BE A STREET ADDRESS)

CLEARWATER, FLORIDA 33755

Enter new mailing address, if applicable:

801 WEST BAY DRIVE, SUITE #496

(Mailing address MAY BE A POST OFFICE BOX)

LARGO, FLORIDA 33770

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:

1302 AMBLE LANE

Enter Florida street address

CLEARWATER

City

Florida 33755

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

F.D
2021 NOV 15 PM 12:24
SECRETARY OF STATE
FLORIDA

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	MICHAEL FRANGEDIS	209 HANCOCK COURT	<input checked="" type="checkbox"/> Add
		SAFETY HARBOR, FLORIDA 34695	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL LEE	209 HANCOCK COURT	<input type="checkbox"/> Add
		SAFETY HARBOR, FLORIDA 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL LEE	1302 AMBLE LANE;	<input checked="" type="checkbox"/> Add
		CLEARWATER, FLORIDA 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DANIEL LEE	1300 AMBLE LANE;	<input type="checkbox"/> Add
		CLEARWATER, FLORIDA 33755	<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

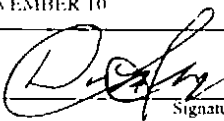
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

THIS AMENDMENT WAS NEEDED TO CHANGE THE ADDRESSES TO THE CORRECT ADDRESSES AND
TO LIST THE REGISTERED AGENT WHO IS DANIEL LEE AND TO ADD MICHAEL FRANGEDIS AS
A MGR WITH HIS SAFETY HARBOR ADDRESS WHILE REMOVING THAT SAFETY HARBOR
ADDRESS FROM DANIEL LEE

E. Effective date, if other than the date of filing: NA (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

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 NOVEMBER 10 , 2021 .



Signature of a member or authorized representative of a member

DANIEL LEE

Typed or printed name of signer

Filing Fee: \$25.00