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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	MARSH O	ROVES OF DESOTO COUN	TY LLC	
0024.		Name of Lin	nited Liability Company	
		Amendment and fee(s) are sub	_	
		WILLIAM M. MARSH	v	
		MARSH GROVES OF DI	Name of Person ESOTO COUNTY, LLC	
		8268 SE HIGHWAY 31	Firm/Company	
		ARCADIA, FLORIDA 34	Address 266	
		citrus@marshgroves.com	City/State and Zip Code	, 0.000 <u>-</u>
		E-mail address: (to be used for future annual report notif	ication)
For fun	her information c	oncerning this matter, please ca	all:	
REBE	CCA MARSH 5	chhbach	863 990-0916 at ()	
	Name o	f Person		: Telephone Number
Enclose	d is a check for th	ne following amount:		
□ \$2 5	.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

MARSH GROVES OF DESOTO COUNTY	, LLC	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Company were filed on MARCH 23, 2017	and assigned
Florida document number L17000066946		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	dment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding address, if applicable: Inding address MAY BE A POST OFFICE BOX) Inding address MAY BE A POST OFFICE BOX Inding address on our records, enter the name of the new agent and/or the new registered office address here: Inding address MAY BE A POST OFFICE BOX Inding address on our records, enter the name of the new agent and/or the new registered office address here: Inding address MAY BE A POST OFFICE BOX Inding address on our records, enter the name of the new agent and/or the new registered office address here: Inding address MAY BE A POST OFFICE BOX Inding address on our records, enter the name of the new agent and/or the new registered office address here: Inding address on our records, enter the name of the new agent and/or the new registered office address here: Inding address on our records, enter the name of the new agent and/or the new registered office address here: India A POST OFFICE BOX Indi	
The new name must be distinguishable and contain the words "Lim	nited Lizbility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	9 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
.		n
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		89 55
		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, lress here:	enter the name of the nev
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
		
New Registered Agent's Signature, if changing Registered	d 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> AMBR	<u>Name</u> REBECCA SCHLABACH	Address 8268 SE HIGHWAY 31	Type of Action
AMBK		ARCADIA, FL 34266	Add
			□ Remove
	LEAH LIEDKE	8266 SE HIGHWAY 31	Change
AMBR		ARCADIA, FL 34266	∃ Add
			□ Remove
			Change
			Remove
			Change
			□ Remove
			Change
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		·	Add
			□ Remove
			Change

	
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(If an ef Note:	ive date, if other than the date of filing: [cetive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JUNE_544 2019
	Signature of a member or authorized representative of a member
	WILLIAM M. MARSH
	Typed or printed name of signee

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Filing Fee: \$25.00