

L170000070883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

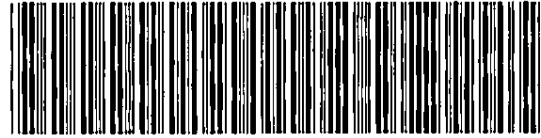
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2025

SUSAN JENNINGS
1415 PANTHER LANE
SUITE 550
NAPLES, FL 34109

SUBJECT: SEAGATE SUITES MANAGEMENT, LLC
Ref. Number: L17000070883

We have received your document for SEAGATE SUITES MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 625A00000901

*received
1/21/25*

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

Seagate Suites, Management, 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 3/30/2017 and assigned
Florida document number L17000070883

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)

1415 Panther Lane

Suite 550

Naples, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1415 Pather Lane

Suite 550

Naples, FL 34109

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:

Susan M. Jennings

New Registered Office Address:

6121 Shady Oaks Lane

Enter Florida street address

Naples

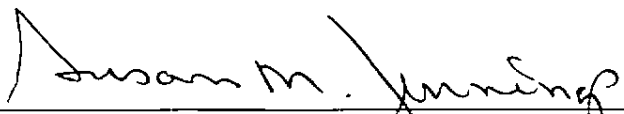
Florida 34119

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	John Joseph Covelli	1415 Panther Lane	<input type="checkbox"/> Add
		Naples, FL 34109	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Susan Marie Jennings	1415 Panther Lane	<input checked="" type="checkbox"/> Add
		Suite 550	<input type="checkbox"/> Remove
		Naples, FL 34109	<input type="checkbox"/> Change
MGR	Ashley Nicole Jennings	1415 Panther Lane	<input checked="" type="checkbox"/> Add
		Suite 550	<input type="checkbox"/> Remove
		Naples, FL 34109	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated November 21, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00