

117000109763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

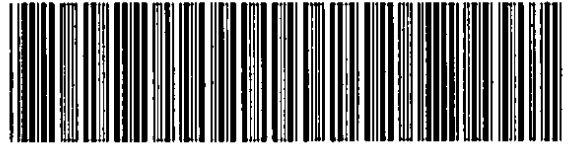
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300382665053

2022 MAR 14 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

A. BUTLER

MAR 28 2022



JOHN T. DUNN

7757 Suncoast Drive
North Fort Myers, FL 33917
239-841-2925
Marcia_dunn@yahoo.com

March 8, 2022

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

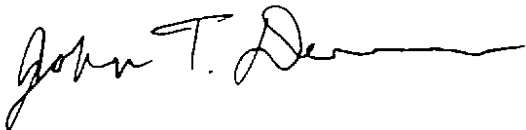
Dear Florida Department of State:

To whom it may concern,

I am writing you today to file a name amendment change to my Limited Liability Company, New Prospect Homes L.L.C.. The correct name and owner of this company should be listed as John T. Dunn. As of now, there are not any names listed for my company. I sent in a "name change" amendment last year that was supposed to change the ownership from my father, John E. Dunn, to my name, John T. Dunn. Somehow, both of our names were taken off of the business and now there is no one listed.

Thank you for your help in this matter. I greatly appreciate it.

Sincerely,



John T. Dunn

COVER LETTER

TO: **Registration Section**
 Division of Corporations

SUBJECT: New Prospect L.L.C.

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:

John T. Dunn

Name of Person

New Prospect

Firm/Company

7757 Suncoast Drive

Address

North Fort Myers, FL 33917

City/State and Zip Code

marcia_dunn@yahoo.com

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

For further information concerning this matter, please call:

John T. Dunn

239 841-2925
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 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**

FILED

New Prospect LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

2022 MAR 11 AM 7:16

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L17000109763.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

John T. Dunn

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>
Manager	John E. Dunn	1617 SW 22nd Lane	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Manager	Marcia M. Dunn	1818 SE 9th Terrace	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33990	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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 March 8, 2022

Signature of a member or authorized representative of a member

John Thomas Dunn

Typed or printed name of signee