

217000113156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

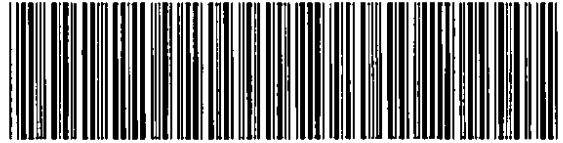
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400315147854

07/05/16--01020--011 **25.00

Arkansas State Court

2016 JUL -5 A 8:11

FILED

7/16/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2716 MICHIGAN AVE, 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:

ANDY McCREEDY

Name of Person

2716 MICHIGAN AVE, LLC

Firm/Company

PO BOX 50961

Address

FORT MYERS, FL 33994

City/State and Zip Code

andymc4231@gmail.com

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

For further information concerning this matter, please call:

ANDY McCREEDY

239

362-4292

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2010 JUL -5 A 8:41

FILED

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

2716 MICHIGAN AVE, 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 5-22-2017 and assigned
Florida document number L17000113156

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)

2716 MICHIGAN AVE

FORT MYERS, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 50961

FORT MYERS, FL 33994

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:

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>
MGR	Merry L. McCreedy	4585 Palm Beach Blvd	<input checked="" type="checkbox"/> Add
		#50961	<input type="checkbox"/> Remove
		Fort Myers, FL 33994	<input type="checkbox"/> Change
AMBR	Andy McCreedy	4585 Palm Beach Blvd	<input type="checkbox"/> Add
		#50961	<input type="checkbox"/> Remove
		Fort Myers, FL 33994	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 JUN -5 2013
 Fort Myers, FL
 Clerk of Court

2013 JUL -5 A 8:44
BALTIMORE, M.D.

FILED
2013 JUL -5 A 8 44
FBI-LANCASTER, PA. CRIMINAL

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 JUNE 14 2018
Andy McCreedy
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee