

L17000 170862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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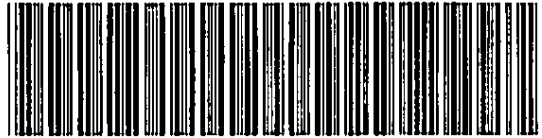
(Business Entity Name)

(Document Number)

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2022 NOV -1 PM12:23  
SECRETARY OF STATE  
TALLAHASSEE, FL



## WELLBAUM & EMERY, P.A.

LORI WELLBAUM EMERY  
R.W. WELLBAUM, JR.  
(1943-2018)

686 NORTH INDIANA AVENUE  
ENGLEWOOD, FLORIDA 34223  
TELEPHONE (941) 474-3241  
FAX (941) 475-2927

October 24, 2022

### TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: 215 Mark Twain, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Wellbaum Emery  
Wellbaum & Emery P.A.  
686 N. Indiana Avenue  
Englewood, Florida 34223

For further information concerning this matter, please call:

Lori Wellbaum Emery at (941) 474-3241

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 filing fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (add'l copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (add'l copy is enclosed)
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Yours very truly, yours

Lori Wellbaum Emery

LWE/ar  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 215 MARK TWAIN, 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:

Lori Wellbaum Emery

\_\_\_\_\_  
Name of Person

Wellbaum & Emery, P.A.

\_\_\_\_\_  
Firm/Company

686 N. Indiana Avenue

\_\_\_\_\_  
Address

Englewood, FL 34223

\_\_\_\_\_  
City/State and Zip Code

browning25@comcast.net

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

For further information concerning this matter, please call:

Donna J. Browning

270 202-6023  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

215 MARK TWAIN, 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 08/10/2017 and assigned  
Florida document number L17000170862.

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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

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2022 NOV - 1 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE FL

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**

[illegible]

[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 October 24, 2022

Donna J. Browning

Signature of a member or authorized representative of a member

Donna J. Browning

Typed or printed name of signee

**Filing Fee: \$25.00**