(Requestor's Name) (Address)	600337844916
(Address) (City/State/Zip/Phone #)	12/13/1901006030 **125.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	2020 JAN 24 PM 12: 58 SECRETARY OF STATE TALLARY-SSILE, FL

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COVER LETTER

TO:	Registration Section - Division of Corporations		•
	are new if a	· ·	
SUBJE	655 Ave B SW, LLC CCT:	•	•
		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:

Allan L. Casey

Name of Person

Allan L. Casey, Attorney at Law

Firm/Company

395 Avenue C NW

Address

Winter Haven, FL 33881

City/State and Zip Code

allan@allancaseylaw.com

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

For further information concerning this matter, please call:

Andrew J. Oram 863 294-4468 at (_____) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:



S30.00 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 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ECEIVE JAN 22 2020 BY:



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2020

. :

ALLAN CASEY 395 AVENUE C NW WINTER HAVEN, FL 33881

SUBJECT: 655 AVE B SW, LLC Ref. Number: L17000199649

We have received your document for 655 AVE B SW, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 720A00001173

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

655	Ave	В	S₩.	LLC
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(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 09/26/2017	and assigned
Florida document number H17000252595	

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liab</u>	<u>ility company here</u> :	SECR TML	J020 J	allangur 19
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation	n 1 . (
Enter new principal offices address, if applicable:			24	
(Principal office address MUST BE A STREET ADDRESS)			ΡM	
		21 CS	ŝ	
			58	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		·		
		· · · ·		
B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the	new r	egistered

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	5.5
		orida
	City	Zıp Code

New Registered Agent's Signature, if changing Registered Agent:

agent and/or the new registered office address here:

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	Name	Address	Type of Action
MGR	Allan L. Casey	395 Avenue C NW	🗆 Add
		Winter Haven, FL 33881	=Remove
			□ □ Change
MGR	Reggie Whitehead	601 6th ST SW	Add
		Winter Haven, FL 33880	■ Remove
MGR	Steven E. Crisman	4401 Old Bartow Rd	
		Lake Wales, FL 33859	
MGR	Silver Properties of WH, LLC	199 Avenue B NW	🗐 Add
		Suite 385	CRemove
		Winter Haven, FL 33882	
			🗆 Add
			CRemove
			□Change
			□Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (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) <u>Note:</u> 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.

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	Jonon 22. 2020.	
	all Can	
	Signature of a member or authorized representative of a member	-
	Allan L. Casey, as manager of Silver Properties of WH, member	
	Typed or printed name of signee	-