L18000064154

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	7300 Estero Bl	vd #705B LLC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Ва	rbara Pease	
		Name of Person	
		Firm/Company	
	1	N 7467 Black Oak Rd	
		Address	
		Deerbrook, WI 54424	
		City/State and Zip Code	-
	E mail address (peaselakehouse@gmail.com to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	·	ion, or other particular and o
Barbara Pease		at (715) 627-4825	
Name o	f Person	at (715) 627-4825 Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appear lability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	03/12/18	and assigned
Florida document numberL18000064154			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company ho	ere:	
7330 Estero Blvd #705B LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	lesignation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7330 Estero	Blvd #705B	
Principal office address MUST BE A STREET ADDRESS)	Fort Myers	Beach, FL 3393	<u> </u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
			Š.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address or e:	n our records,	1 No 1994
			9
Name of New Registered Agent:			
New Registered Office Address:			9
	Enter Flo	orida street address	<u>.</u>
		, Flori	da
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
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ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot be prior If the date inserted in this block does not meet the application of the date on the Department of State's records	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 605.0 cable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but no he 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlie
ed March 20, 2018 ,,	·
	are
9 / / L W L - /	
! Signature of a member or auti	horized representative of a member

Page 3 of 3

Filing Fee: \$25.00