

LIB000116300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

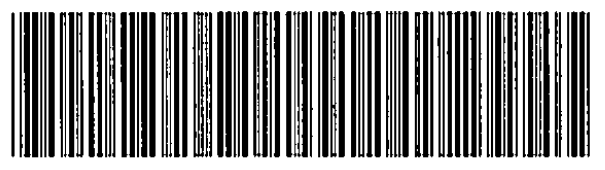
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200330268632

06/21/19--01011--027 **25.0

FILED
19 JUN 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 2 2019
TSCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1020 Michigan Dr 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:

Kate Stony

Name of Person

Firm/Company

2450 Central Ave Unit 201

Address

St Petersburg FL 33712

City/State and Zip Code

K.STONY12@comcast.net

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

For further information concerning this matter, please call:

Kate Stony

Name of Person

at (813)

Area Code

459 3995

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

TO
ARTICLES OF ORGANIZATION
OF

1020 Michigan Dr 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 May 9, 2018 and assigned Florida document number L18 000 116 300.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: (not changing)

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)

(change)

2450 Central Ave
UNIT 201
St Petersburg FL 33711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(change)

PO BOX 16704
ST PETERSBURG FL 33711

B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:

(not changing)
Name of New Registered Agent:

New Registered Office Address:

(change)

2450 Central Ave Unit 201
Enter Florida street address
St Petersburg, Florida
City
33711
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

FILED
19 JUN 21 11:41 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

or removed from our records:

(Change address only)

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Act</u> |
|--------------|-------------|---|--|
| AMBR | KATE STONY | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 2450 Central Ave UNIT 201 ST PETERSBURG FL 33712 | <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 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 |

FILED
 JUN 21 10 47 AM '19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

N/A

FILED
19 JUN 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 605.020

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a 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 June 18, 2019.

Kate Stony
Signature of a member or authorized representative of a member

KATE STONY
Typed or printed name of signee