## L18000190435



(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

TO: Registration So Division of Con		f The state of the	
N50MJ, LI SUBJECT:	.c		
3000EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonard J Currie		
		Name of Person	<del></del>
	N/A		
		Firm/Company	<del></del>
	15090 Intracoastal Ct.		
		Address	
	Fort Myers, FL 33908	City/State and Zip Code	
	<del>-</del>	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Leonard J Currie		612 889.3402 at ( )	
Name o	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u>	<u>ss:</u>	Street Address:	
Registration		Registration Se	
Division of C	Ormorations	Division of Co	rnorations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N50MJ, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited Liability Comparing document number L18000190435	any were filed on August 8, 2	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
N/A		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS	2	. 63
		<del>-</del>
inter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		int I
3. If amending the registered agent and/or registered offi- gent and/or the new registered office address here:	ce address on our records, y	enter the name of the new regist
Name of New Registered Agent: N/A		
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>	Address	Type of Action
AMBR	Michael S Bailey	3979 Hidden River Road, Sarasota, FL 34240	🗃 Add
			□Remove
			Change
AMBR	Jessica M Bailey	3979 Hidden River Road, Sarasota, FL 34240	■Add
			🗆 Remove
			Change
	<del></del>		□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
	i	<del> </del>	□ Change
			🗆 Add
		<del></del>	□Remove
			Change

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	<del></del>
-	
fective	date, if other than the date of filing: (optional)
<u>ite:</u> If t	ve 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cument	's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
	xiri day arter tire record is med.
stad	
cu	
	Signature of a member or authorized representative of a member
	Leonard J Currie
	Typed or printed name of signee

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Filing Fee: \$25.00