

L18000248297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

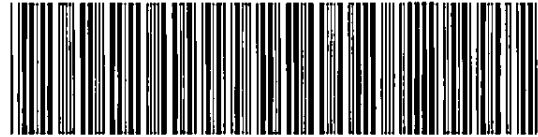
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

2021 OCT -7 PM 4:02

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

FILED

2021 OCT -7 AM 9:16

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC.  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160

AMOUNT: \$ ~~30~~.00

Authorized Signature: \_\_\_\_\_

6720 33<sup>RD</sup> STREET EAST, LLC L18000248297

**Corporation Name & Document Number, (if known):**

(Business Name)

Document#

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ **X Certified Copy of Articles of Organization**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

X Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_

Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 6720 33RD STREET EAST, 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:

Michael A. Scott, Esq.

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

Dorcey Law Firm, PLC

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

10181 Six Mile Cypress Pkwy, Suite C

\_\_\_\_\_  
Address

Fort Myers, FL 33966

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

mike@dorceylaw.com

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

For further information concerning this matter, please call:

Michael A. Scott, Esq.

239

418-0169

at (\_\_\_\_\_) \_\_\_\_\_

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

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

\_\_\_\_\_  
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 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

6720 33RD STREET EAST, 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 10/22/2018 and assigned Florida document number L18000248297.

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)**

325 Cocohatchee Blvd.

Naples, FL 34110

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

325 Cocohatchee Blvd.

Naples, FL 34110

**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:

325 Cocohatchee Blvd.

*Enter Florida street address*

Naples

*City*

Florida

34110

*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  
2021 OCT -7 AM 9:16  
CLERK OF STATE  
TALLAHASSEE, FL

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hodges, Chadd P.	325 Cocohatchee Blvd.	<input type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Hodges, Keegan	1963 Gulfshore Blvd S	<input type="checkbox"/> Add
		Naples, FL 34102	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

Dated 9/10/2021, \_\_\_\_\_

Chadd Hodges

Chadd Hodges

Typed or printed name of signee