

7. 15. 1953

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Schmidt Real Estate Florida-East Coast, 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:

Deborah M. Cortisoz

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

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

19700 Cochan Blvd

\_\_\_\_\_  
Address

Port Charlotte, FL 33948

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

deb.Cortisoz@cbsmfl.com

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

For further information concerning this matter, please call:

Deborah Cortisoz

941

255-7200

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

Schmidt Real Estate - East Coast LLC

2019 JUL -5 P 1: 42

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/16/2018 and assigned  
Florida document number L1800026847.

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)**

**Enter new mailing address, if applicable:**

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

**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:

*Enter Florida street address*

*City*

*Florida*

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Schmidt Real Estate, Inc	522 E Front Street	<input type="checkbox"/> Add
		Traverse City, MI 49686	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth A Schmidt	522 E Front St	<input type="checkbox"/> Add
		Traverse City, MI 49686	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kenneth A Schmidt	522 E Front St	<input checked="" type="checkbox"/> Add
		Traverse City, FL 49686	<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

[illegible]

**Note:** 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.

Dated July 1, 2019

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L18000268487  
FILED 8:00 AM  
November 16, 2018  
Sec. Of State  
idkelly

**Article I**

The name of the Limited Liability Company is:

SCHMIDT REAL ESTATE FLORIDA - EAST COAST LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

522 E FRONT STREET  
TRAVERSE CITY, MI. 49686

The mailing address of the Limited Liability Company is:

522 E FRONT STREET  
TRAVERSE CITY, MI. 49686

**Article III**

The name and Florida street address of the registered agent is:

STEVE CARR  
1508 CANNONADE COURT  
LUTZ, FL. 33549

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: STEVE CARR

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
KENNETH A SCHMIDT  
522 E FRONT STREET  
TRAVERSE CITY, MI. 49686

**L18000268487**  
**FILED 8:00 AM**  
**November 16, 2018**  
**Sec. Of State**  
idkelly

### **Article V**

The effective date for this Limited Liability Company shall be:

11/15/2018

Signature of member or an authorized representative

Electronic Signature: HOLLY A. JACKSON

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.