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COVER LETTER

Div	ision of Cor	porations		
enntere.	Treasure Co	oast Transition, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of .	Amendment and fee(s) are subt	mitted for filing.	
		ndence concerning this matter		
		Ryan C. Scarpa, Esquire		
			Name of Person	
		Block & Scarpa		
			Firm/Company	
		1515 Indian River Bouleva	ard, Suite A-220	
			Address	
		Vero Beach, FL 32960		
			City/State and Zip Code	
		jandrfreni@att.net		
		E-mail address: ()	to be used for future annual report notific	ration)
For further (nformation c	oncerning this matter, please ea	ıll:	
Ryan C. Sca	агра		772 794-1918 at ()	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is	a check for th	ne following amount:		
\$25,001	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:

TO:

Registration Section

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

2019 JAN 22 AM 10: 13

			- aulin: 13
Treasure Coast Transition, LLC		SECF	ATE
Treasure Coast Transition, LLC (Name of the Limited Liability Con (A Florida Limite	npany as it now appears on ed Liability Company)	iour records.) IALLAHAS	SEIL 程气
he Articles of Organization for this Limited Liability Compa	any were filed on 12/21/	18 an	d assigned
lorida document number 1.18000292448			
fortda document number			ļ
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
Treasure Coast Transitions, LLC			
he new name must be distinguishable and contain the words "Limited Li	iability Company," the design	nation "LLC" or the abbreviation	on "LaL.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		
			1
Inter new mailing address, if applicable:			1
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			1
3. If amending the registered agent and/or registered		ir records, <u>enter the na</u>	ame of the r
egistered agent and/or the new registered office address b	<u>iere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			1
	Enter Florida	street address	i
		, Florida	!
	City		Code
New Registered Agent's Signature, if changing Registered Age	ent:		}
			ł
hereby accept the appointment as registered agent and a			
wavieiane at all etatutes relative to the proper and compl.			
provisions of all statutes relative to the proper and compl accent the obligations of my position as registered agent of	lete performance of my	duties, and I am familia	ir with and
iccept the obligations of my position as registered agent o	lete performance of my as provided for in Cha	duties, and I am familia pter 605, F.S. Or, if this	r with and do c ument is
provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent ob being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and I am familia pter 605, F.S. Or, if this	r with and do c ument is
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accept the obligations of my position as registered agent obeing filed to merely reflect a change in the registered off	lete performance of my as provided for in Cha	duties, and I am familia pter 605, F.S. Or, if this	r with and do c ument is

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	Name	Address	Type of Action

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			☐ Change
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r at 1 a track on those the state	o of filings	(option	ual)
fective date, if other than the date in effective date is listed, the date most be s	specific and cannot be prior to date	of filing or more than 90 days after fi	ling.) Pursuant to 6 0 5.029
ote: If the date inserted in this block ocument's effective date on the Depart	does not meet the applicable st tment of State's records.	atutory filing requirements, this c	late will not be listed t
record specifies a delayed eff	fective date, but not an	effective time, at 12:01 a.	m. on the earlier
The 90th day after the record	is filed.		ł
January 10	2019		1
ated January 10			
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Sign	nature of a member or authorized	representative of a member	
			[
Ryan C. Scarpa, Esquire			

Page 3 of 3

Filing Fee: \$25.00