

L19000 033 611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

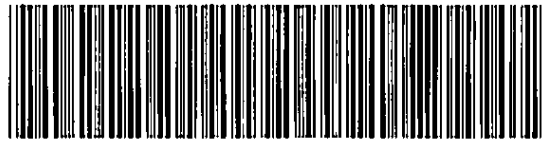
(Business Entity Name)

(Document Number)

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2019 JUL 19 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 25 2019
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stark Sullen Iron Man Real Estate Holdings 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:

Stark Sullen

Name of Person

Firm/Company

9890 Bayshore Road

Address

North Fort Myers, FL 33917

City/State and Zip Code

mydirtman@gmail.com

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

For further information concerning this matter, please call:

Stark Sullen

at (**239**)

887-1555

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**

Stark Sullen Iron Man Real Estate Holdings 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 2/1/2019 and assigned
Florida document number L19000033611

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)

9890 Bayshore Road
North Fort Myers, FL 33917

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

9890 Bayshore Road
North Fort Myers, FL 33917

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:

Stark Sullen

New Registered Office Address:

9890 Bayshore Road

Enter Florida street address

North Fort Myers

Florida

33917

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

SIGN HERE

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>
MGRM	1031 Reverse Exchange Company	1520 Royal Palm Sq Blvd 320	<input type="checkbox"/> Add
		Ft Myers, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Stark Sullen	9890 Bayshore Road	<input checked="" type="checkbox"/> Add
		North Ft Myers, FL 33917	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<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 15, 2019, _____,

Theresa Knorr

Signature of a member or authorized representative of a member

Thresa Knower

Typed or printed name of signee