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(Req	uestor's Name)	<u>.</u>
(Addi	ress)	
(Addi	ress)	
(City/	'State/Zip/Phone	e #)
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(Doc	ument Number)	
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COVER LETTER

Division of Cor			
	CLE PINES LLC		
SUBJECT:	Name of Limi	ned Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	Ų.	
	Major D. Easthagen		
		Name of Person	
	PERIWINKLE PINES LL		<u> </u>
		Firm/Company	
	402 SHADDOCK ST		
		Address	
	TARPON SPRINGS, FL		<u></u>
	themajorgroup@smithanda	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Major D. Easthagen		727 254-8378 at ()	
Name o	of Person	Area Code Daytime	Telephone Number TRC 1020 JUL 27
Enclosed is a check for t	he following amount:		L 27
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing flee. Certificate of Status & Certified Gopy (additional copy senctored)
Mailing Addre	<u>88:</u>	<u>Street Address:</u>	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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**

PERIWINKLE PINES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000048898		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the na Enter Florida street address	2020 registered Totale now registered LAHASSEE, FL
	, 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.

City

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>	Type of Action
AMBR	ANTHONY THERIAULT	3024 NORTHFIELD DRIVE	🗀 Add
		TARPON SPRINGS, FL 34688	Remove
			□Change
AMBR	VANESSA THERIAULT	3024 NORTHFIELD DRIVE	🗀 Add
		TARPON SPRINGS, FL 34688	=Remove
			□ Change
			□Add
			Remove
			2020 SECIELLA
			☐ Change
			□Add
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Effective date, if other than the date (If an effective date is listed, the date must be spongle. If the date inserted in this block do document's effective date on the Department.	ecific and cannot be prior to dat ses not meet the applicable s	of filing or more than 90 days aft	tional) er filing.) Pursuant to 60 nis date will not be lis)5.0207 (3 sted as th
the record specifies a delayed effective date, cord is filed.	, but not an effective time, a	t 12:01 a.m. on the earlier of: ((b) The 90th day aff	ter the
Dated 7 16 20				
Signa	ture of a member or authorized	representative of a member		

Filing Fee: \$25.00

Typed or printed name of signee