

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L19000125948**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MORAN KIDD LYONS JOHNSON, P.A.  
Account Number : 120000000003  
Phone : (407)841-4141  
Fax Number : (407)841-4148

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Sjohnson@morankidd.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

145 WEKIVA, LLC

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JAN 23 2023  
K. Brumley

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

145 WEKIVA, 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 05/09/2019 and assigned  
Florida document number L19000125948.

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**)

2617 CARTER GROVE CIRCLE

WINDERMERE, FL 34786

Enter new mailing address, if applicable:

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

2617 CARTER GROVE CIRCLE

WINDERMERE, FL 34786

**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:

PHILIPPE VILLAIN

New Registered Office Address:

2617 CARTER GROVE CIRCLE

Enter Florida street address

WINDERMERE

, Florida 34786

City

Zip Code

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**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>
MGR	KEVIN J. O'DONNELL	91 OAKLEIGH LANE	<input type="checkbox"/> Add
		MAITLAND, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PHILIPPE VILLAIN	2617 CARTER GROVE CIRCLE	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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