

L19000126582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

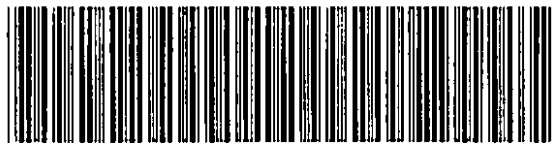
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TALLAHASSEE, FL

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- SIMMONS

JAN 27 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1478 PETALUMA BLVD N 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:

MICHELLE MARSH

Name of Person

1478 PETALUMA BLVD N LLC

Firm/Company

2984 CENTAUR LANE

Address

TITUSVILLE, FL 32796

City/State and Zip Code

IPAIDMYRENT@GMAIL.COM

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

For further information concerning this matter, please call:

GARDNER KENT

239

887-2106

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 Address:

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**

1478 PETALUMA BLVD N 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 5/15/2019 and assigned
Florida document number L19000126582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

2984 CENTAUR LANE

TITUSVILLE, FL 32796

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2984 CENTAUR LANE

TITUSVILLE, FL 32796

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: MICHELLE ANN MARSH

New Registered Office Address: 2984 CENTAUR LANE

Enter Florida street address

TITUSVILLE, Florida 32796

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

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	MARK J HAYES	6512 MACARTHUR BLVD	<input type="checkbox"/> Add
		OAKLAND, CA 94605	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHELLE A MARSH	2984 CENTAUR LANE	<input checked="" type="checkbox"/> Add
		TITUSVILLE, FL 32796	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FL
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remove
Change
Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

2019 DEC 26 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 18 2019



Signature of a member or authorized representative of a member

GARDNER EDWARD KENT

Typed or printed name of signer

Filing Fee: \$25.00