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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT		CENTER OF STUART LLC		
SOBJECT	•	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspon	dence concerning this matter	to the following:	
		TOM CAMPENNI		
			Name of Person	
			Firm/Company	
		700 SW ST LUCIE CRES		
			Address	
		STUART, FL 34994		
		THOMASFCAMPENNI@	City/State and Zip Code GMAIL.COM	
		E-mail address: (to be used for future annual report noti-	lication)
For further	information co	ncerning this matter, please co	all:	
МІСНАЕ	L KOPLAS		772 252-1100	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed i	s a check for the	e 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:

TO:

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

FLAGLER CENTER OF STUART LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
he Articles of Organization for this Limited Liability Company lorida document number L19000196575	y were filed on 8/1/2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbreyiationalL.C."
nter new principal offices address, if applicable:		ACN 610
Principal office address MUST BE A STREET ADDRESS)		· · ·
		7
		<u>(A≥</u>
nter new mailing address, if applicable:		َ يُ مِن الْ
Aailing address MAY BE A POST OFFICE BOX)		27
If amending the registered agent and/or registered of		s, enter the name of the
gistered agent and/or the new registered office address her	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:	_ - · ·	
	Enter Florida street addres	KS
		orida
	City	Ziv 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>	Address	Type of Action
AMBR	STUART MAIN STREET ASSOCIATION INC	121 SW FLAGLER AVE STUART, FL 34994	
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			Change
			Add
			Remove
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Effective date, if other than the officerive date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	late of filing: be specific and cack does not mee	innot be prior t et the applica	o date of filing oble statutory (or more than 90 c	_ (optional) lays after filing.) Pu ents, this date wil	rsuant to 605,0207 (3) I not be listed as the
ne record specifies a delayed The 90th day after the reco	effective dat rd is filed.	te, but not	an effectiv	e time, at 1	2:01 a.m. on	the earlier of:
Dated November 19	·	2019	_•			
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Filing Fee: \$25.00