

L19000 216105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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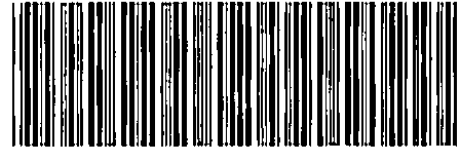
(Business Entity Name)

(Document Number)

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SULKER

OCT 02 2019

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LIBERTY DEVELOPMENT OF SWFL

\_\_\_\_\_  
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:

SPENCER JOHNSON

\_\_\_\_\_  
Name of Person

LIBERTY DEVELOPMENT OF SWFL LLC

\_\_\_\_\_  
Firm/Company

17940 N. TAMIAMI TRL STE 110

\_\_\_\_\_  
Address

N. FT. MYERS, FLORIDA 33903

\_\_\_\_\_  
City/State and Zip Code

LIBERTYDEVELOPMENTSWFL@GMAIL.COM

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

For further information concerning this matter, please call:

SPENCER JOHNSON

239 633-8157

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 Sta  
Certified Copy  
(additional copy is e

**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

TO  
**ARTICLES OF ORGANIZATION**  
**OF**

LIBERTY DEVELOPMENT OF SWFL 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 8/23/2019

Florida document number L19000216105

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 abbrevi

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

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

**B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City

**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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famil accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if th being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.*

**If Changing Registered Agent, Signature of New Register**



Lined area for document content.


**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.) Pursu

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 16, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ELIZABETH A. JOHNSON

\_\_\_\_\_  
Typed or printed name of signee