

L19 000300615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

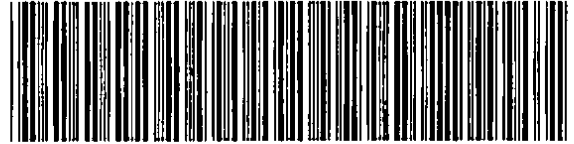
(Business Entity Name)

(Document Number)

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12/23/19--01029--011 **25.00

FILED
19 DEC 23 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 2 5 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 411 NEW HAVEN, 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:

MARTY BROWN

Name of Person

411 NEW HAVEN, LLC

Firm/Company

1406 S. RIVERSIDE DRIVE

Address

INDIALANTIC, FL 32903

City/State and Zip Code

SHOCKTRAUMA@ME.COM

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

For further information concerning this matter, please call:

Benjamin Y. Saxon, II

Name of Person

at (321)

Area Code

727 2545

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**

411 NEW HAVEN, 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 12/10/2019 and assigned Florida document number L 19000300615.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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19 DEC 23 AM 8:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

City

, Florida

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>
<u>AMBR</u>	<u>DINA BROWN</u>	<u>411 E. NEW HAVEN AVENUE</u> <u>MELBOURNE, FL 32901</u>	☒ Add ☐ Remove ☐ Change
<u>AMBR</u>	<u>MICHAEL S FEARS</u>	<u>411 E. NEW HAVEN AVENUE</u> <u>MELBOURNE, FL 32901</u>	☒ Add ☐ Remove ☐ Change
<u>AMBR</u>	<u>ANNE B FEARS</u>	<u>411 E. NEW HAVEN AVENUE</u> <u>MELBOURNE, FL 32901</u>	☒ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change
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SECURITY INFORMATION
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/02 BY 6032
19 DEC 23 AM 8:51
FBI - FBI

FILED
19 DEC 28 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA
①

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19 DEC 28 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA
100-100000

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee