

L200000 60400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

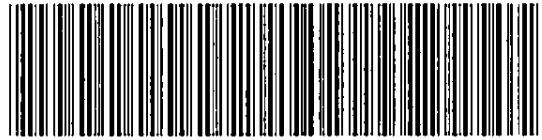
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

LAW OFFICES OF

# MARSHAL D. GIBSON

PROFESSIONAL CORPORATION

MEMBER OF THE CONNECTICUT  
FLORIDA AND NEW YORK BARS

BOARD CERTIFIED IN  
TAXATION (FLORIDA)

ONE CENTURY TOWER  
265 CHURCH STREET, SUITE 504, NEW HAVEN, CT 06510  
TEL: 203-562-8080  
FAX: 203-624-3388 E-MAIL: MGIBTAX@AOL.COM  
WEBSITE: MGIBTAX.COM

NEW YORK OFFICE  
230 PARK AVENUE, 3RD FLOOR WEST  
NEW YORK, NY 10169

December 2, 2024

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: 7687 Pebble Creek (404), LLC

Dear Sir/Madam:

Enclosed please find two (2) signed copies of Articles of Amendment to Articles of Organization for the above named LLC, along with a check in the amount of \$55.00 for Filing Fee and Certified Copy Fee.

Please send a certified copy of Articles of Amendment to Articles of Organization to me at: 265 Church Street, Suite 504, New Haven, Connecticut 06510.

Thank you.

Sincerely,



Marshal D. Gibson

MDG:kr  
Encls.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 7687 PEBBLE CREEK (404), 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:

Attorney Marshal D. Gibson

Name of Person

Marshal D. Gibson, P.C.

Firm/Company

265 Church Street, Suite 504

Address

New Haven, CT 06510

City/State and Zip Code

MGIBTAX@AOL.COM

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

For further information concerning this matter, please call:

Attorney Marshal D. Gibson

203 562-8080  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
2021 DEC 10 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

7687 PEBBLE CREEK (404). 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 02/26/2020 and assigned  
Florida document number L20000060400.

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)

7687 PEBBLE CREEK CIRCLE

UNIT PH 503

NAPLES, FL 34108

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7687 PEBBLE CREEK CIRCLE

UNIT PH 503

NAPLES, FL 34108

**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:

7687 PEBBLE CREEK CIRCLE, UNIT PH 503

*Enter Florida street address*

NAPLES

*City*

, Florida 34108

*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>
MGR	RICHARD SPERO	7687 PEBBLE CREEK CIRCLE	<input type="checkbox"/> Add
		UNIT PH 503	<input type="checkbox"/> Remove
		NAPLES, FL 34108	<input checked="" type="checkbox"/> Change
MGR	KATHRYN SPERO	7687 PEBBLE CREEK CIRCLE	<input type="checkbox"/> Add
		UNIT PH 503	<input type="checkbox"/> Remove
		NAPLES, FL 34108	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

SECRETARY OF STATE  
 TALLAHASSEE, FL  
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 10:06 AM

2021 DEC 10 PM 06:11  
SECRETARY OF DEFENSE  
HALLAHAN

SECRETARY OF DEFENSE  
2021 DEC 10 PM 9:11  
NALLAH

(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.

Dated 11/10/2024

Richard Spurr  
Signature of a member or authorized representative of a member

RICHARD SPERO, MANAGER

Typed or printed name of signee

FL055 - (2/16/2021) Wolters Kluwer Online