

120 000127293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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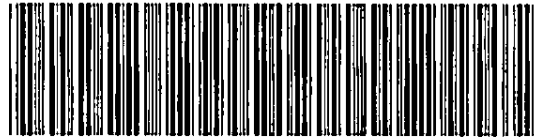
(Business Entity Name)

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22 FEB -1 PM 3:14

T. MATTHEWS

FEB 21 2022



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 FEB -1 AM 7:49

SECRETARY OF STATE  
TALLAHASSEE, FL

January 25, 2022

KARL-HEINZ THEOBALD  
131 E. 13TH STR  
ST. CLOUD, FL 34769

SUBJECT: ST. CLOUD MEDICAL PLAZA PROPERTY OWNERS  
ASSOCIATION LLC  
Ref. Number: L20000127293

We have received your document for ST. CLOUD MEDICAL PLAZA PROPERTY OWNERS ASSOCIATION LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 122A00001944

## COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: St. Cloud Medical Plaza Property Owners Association LLC  
Name of Limited Liability Company

2007 JAN 18 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARL-HEINZ THORBAUM  
Name of Person  
ST. CLOUD MEDICAL PLAZA PROPERTY  
OWNERS ASSOCIATION LLC  
Firm/Company

131 E. 13th St.  
Address

St. Cloud, FL 34769  
City/State and Zip Code

KH THORBAUM@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARL THORBAUM at (407) 709-0327  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input 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

## ARTICLES OF ORGANIZATION OF

ST. CLOUD MEDICAL PLAZA PROPERTY OWNERS ASSOCIATION LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

## Florida

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**

[illegible]

[illegible]

**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.

Dated 1/13/2022 ,           

KARL WEINZ THEOBALD - REGISTERED AGENT -  
Typed or printed name of signee