L20000224300

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT:	T'S GAR	AGE 11C.	
Sobster.	S GAR	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
		UA HALSTEAD Name of Person	<u>. </u>
		GARAGE LLC. Firm/Company	
	28720 S	OUTH DIESEL D	RIVE WIT #4
		SPRINGS, FL 3 City/State and Zip Code	2020 S
For further information co	E-mail address: (to be used for future annual report notifialt:	7020 SEP 14 PH 4: 1
JOSHUA Name of	HALSTEAD Person	at (<u>239</u>) <u>631-</u> Area Code Daytimo	CO63 Fig. 5
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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co	ection	Street Address: Registration Sec Division of Corp	
P.O. Box 6327 Tallahassee, Fl		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LC.			
(Name of the Limited Liability Compa (A Florida Limited l	iny as it now appea Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ0000 ZZ4/300</u> .	were filed on	XULY 78,	7070	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the c	designation "LLC" or	the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	<i>2872</i> 0	SOUTH DI	ESEL	DRIVE
(Principal office address MUST BE A STREET ADDRESS)		#4		
	BONITA	SPRINGS	FL	34135
Enter new mailing address, if applicable:	28720	SOUTH	DIESE	L DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	UNIT	#4/	ZZ ZZ	2020
		# 4/ _SPRINGS,	5:2	71 Tage
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our r	ecords, <u>enter the</u>	name of I	he new registe
Name of New Registered Agent:			1 2 7	17
New Registered Office Address:				
	Enter Flor	ida street address		<u>_</u> _
	<u> </u>	Florid		
	Ciţ		Zij	o 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	JOSEPH GOTHEN	27095 MATHESON AV	E VAdd
		WIT 204	□Remove
		BONITA SPRINGS, FL 34	<u>//35−</u> □Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			200 SEPP Add
			Remove
			1 Change
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