

# LZ0000260883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

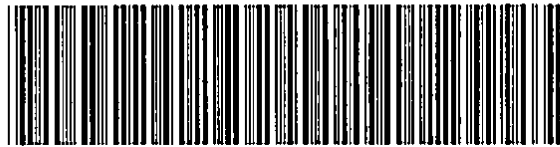
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SENTINEL CAPITAL BAYWOODS 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:

STEVE PARMEE

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

NATIONAL SERVICING LLC

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

420 S ORANGE AVE. STE 220

\_\_\_\_\_  
Address

ORLANDO, FL 32801

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

SPARMEE@NATIONAL-SERVICING.COM

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

For further information concerning this matter, please call:

STEVE PARMEE

407 398-6933

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 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**

SENTINEL CAPITAL BAYWOODS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 1, 2020 and assigned  
Florida document number L20000260883.

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)**

**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*

\_\_\_\_\_, **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**

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	STEVE PARMEE	420 S ORANGE AVE	<input checked="" type="checkbox"/> Add
		SUITE 220	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	<input type="checkbox"/> Change
MGR	WILLIAM P KNIGHT	420 S ORANGE AVWE	<input checked="" type="checkbox"/> Add
		SUITE 220	<input type="checkbox"/> Remove
		ORLANDO, FL 32801	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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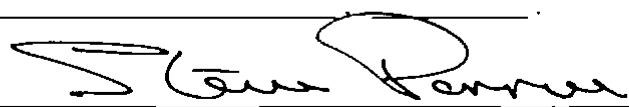
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: SEPTEMBER 1, 2020 (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.) Pursuant to 605.0207 (3)(b)  
**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.

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 OCTOBER 7 2020



Signature of a member or authorized representative of a member

STEVE PARMEE, MGR NATIONAL SERVICING LLC

Typed or printed name of signer

## Detail by Entity Name

Florida Limited Liability Company  
SENTINEL CAPITAL BAYWOODS LLC

### Filing Information

**Document Number** L20000260883  
**FEI/EIN Number** NONE  
**Date Filed** 09/01/2020  
**Effective Date** 08/31/2020  
**State** FL  
**Status** ACTIVE

### Principal Address

420 S ORANGE AVENUE  
SUITE 220  
ORLANDO, FL 32801

### Mailing Address

420 S ORANGE AVENUE  
SUITE 220  
ORLANDO, FL 32801

### Registered Agent Name & Address

SENTINEL CAPITAL FUNDING, INC.  
420 S ORANGE AVENUE  
SUITE 220  
ORLANDO, FL 32801

### Authorized Person(s) Detail

#### **Name & Address**

Title MGR

NATIONAL SERVICING, LLC  
420 S ORANGE AVENUE, SUITE 220  
ORLANDO, FL 32801

### Annual Reports

**No Annual Reports Filed**

### Document Images

09/01/2020 - Florida Limited Liability - [View image in PDF format](#)

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