

L20000262190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

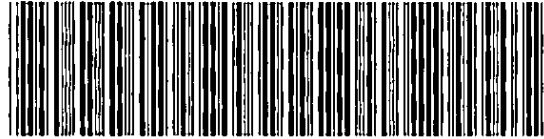
(Business Entity Name)

(Document Number)

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NORTH COURTENAY, LLC

L20000262790

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NEW FILINGS

____ Profit Corp

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 Limited Liability

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____LLLP

____CORP

____ Other

Other

AMMENDMENTS

_x_Amendment

___Resignation of R.A. Officer/Director

 Change of Registered Agent

Revocation of Dissolution

 Merger

____Articles of Conversion

____ Restated Articles of Incorporation

____ Statement of Authority

OTHER FILINGS

____ Apostille

_Country

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATIONS

___Foreign filing

Reinstatement

Qualification

Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$25.00

Authorization Signature:  :

NORTH COURTENAY, LLC

L20000262790

BUSINESS NAME

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☐ Not for Profit

☐ Limited Liability

☐ Domestication

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☐ Other

☐ Other

AMMENDMENTS

☒ **Amendment**

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☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Courtenay 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:

Michael Pollard
Name of Person

North Courtenay LLC
Firm/Company

3460 Preston Ridge Road Suite 150
Address

Alpharetta, GA 30005
City/State and Zip Code

Mike Pollard 3030@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 376-9763
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**

North Courtenay, LLC

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

2020
JAN 17
11:00 AM
2020

The Articles of Organization for this Limited Liability Company were filed on 8-24-2020 and assigned
Florida document number L20000262790

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same

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)

~~660000~~ 4805 North
Courtenay Pkwy Merritt Island
FL 32953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4830 Arid Ave #2065
Las Vegas NV 89115

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:

Same

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>
AMBR	Michael Pollard	4830 AriD Ave #2065	<input checked="" type="checkbox"/> Add
		Las Vegas NV 89115	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Michael Pollard	4805 N Courtenay	<input checked="" type="checkbox"/> Add
		Pkwy Merritt Island	<input type="checkbox"/> Remove
		FL 32953	
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

up DAtains trust

E. Effective date, if other than the date of filing: OCT 23-2023 (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 OCT 23-2023

Michael Pollard Beneficiary of Estate
Signature of a member or authorized representative of a member

Mr R Michael Pollard Beneficiary of Estate
Typed or printed name of signee