

L20 060 270751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

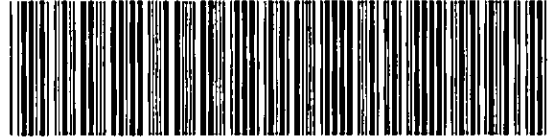
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 06 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 186 Shady Oak, 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:

Cathie Lewis

Name of Person

Firm/Company

1714 Atlanta Plaza Dr.

Address

Sanibel, FL 33957

City/State and Zip Code

cathie@allabouthome.life

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

For further information concerning this matter, please call:

Theresa Knowler

239 333-4910  
at ( )  
Area Code Daytime Telephone Number

Name of Person

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 AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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186 Shady Oak, 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 8/31/2020 and assigned  
Florida document number L20000270751.

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)

1714 Atlanta Plaza Dr.

Sanibel, FL 33957

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1714 Atlanta Plaza Dr.

Sanibel, FL 33957

**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:

Mary Catherine Lewis

New Registered Office Address:

1714 Atlanta Plaza Dr.

*Enter Florida street address*

Sanibel

*City*

, Florida 33957

*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.*

*Mary Catherine Lewis*

If Changing Registered Agent, Signature of New Registered Agent

**SIGN HERE**

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          | 1031 Reverse Exchange Company, | 1520 Royal Palm Sq. Blvd. #320 | <input type="checkbox"/> Add               |
|              |                                | Fort Myers, FL 33919           | <input checked="" type="checkbox"/> Remove |
|              |                                |                                | <input type="checkbox"/> Change            |
| MGR          | Mary Catherine Lewis           | 1714 Atlanta Plaza Dr.         | <input checked="" type="checkbox"/> Add    |
|              |                                | Sanibel, FL 33957              | <input type="checkbox"/> Remove            |
|              |                                |                                | <input type="checkbox"/> Change            |
|              |                                |                                | <input type="checkbox"/> Add               |
|              |                                |                                | <input type="checkbox"/> Remove            |
|              |                                |                                | <input type="checkbox"/> Change            |
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|              |                                |                                | <input type="checkbox"/> Remove            |
|              |                                |                                | <input type="checkbox"/> Change            |

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(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.

Theresa Knauer  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**