

L20000275427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

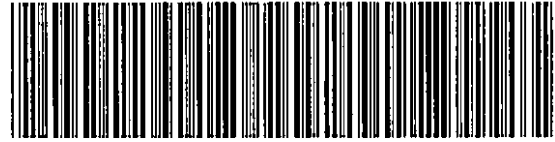
(Business Entity Name)

(Document Number)

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09/25/20--01012--026 **60.00

2020 SEP 25 PM 1:05

FILED

OCT 31 2020
S. YOUNG

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 110 11TH ST S 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:

Keith Carter

Name of Person

Firm/Company

6200 Flotilla Drive, Unit 266

Address

Holmes Beach FL 34217

City/State and Zip Code

keithc101@hotmail.com

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

For further information concerning this matter, please call:

Keith Carter

941 778 5643

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**

110 11TH ST S 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 9/3/2020

Florida document number L20000275427

FILED
2020 SEP 25 PM 1:05
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE FLORIDA

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>
AMBR	Keith Carter	6200 Flotilla Drive, Unit 266	<input type="checkbox"/> Add
		Holmes Beach	<input type="checkbox"/> Remove
		FL 34217	<input checked="" type="checkbox"/> Change
AMBR	Emma Stringer	110 39th St. Court	<input type="checkbox"/> Add
		Bradenton	<input type="checkbox"/> Remove
		FL 34205	<input checked="" type="checkbox"/> Change
AMBR	Michael Stringer	110 39th St. Court	<input checked="" type="checkbox"/> Add
		Bradenton	<input type="checkbox"/> Remove
		FL 34205	<input type="checkbox"/> Change
AMBR	Linda Carter	6200 Flotilla Drive, Unit 266	<input checked="" type="checkbox"/> Add
		Holmes Beach	<input type="checkbox"/> Remove
		FL 34217	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

Please note, the amendment above to the authorized persons represents a change in status from MBR to AMBR

for Keith Carter and Emma Stringer, plus the adding of Michael Stringer and Linda Carter as new AMBR's.

When opening a business account at Wells Fargo, the Bank indicated that unless each shareholder is registered as

an AMBR, they cannot be authorized to have full access to the bank account. We do not understand this policy

but we are requesting this amendment in order to comply with the Bank's requirement.

E. Effective date, if other than the date of filing: _____ (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 September 22, 2020



Signature of a member or authorized representative of a member

Keith Carter

Typed or printed name of signer

Filing Fee: \$25.00