

120 000277061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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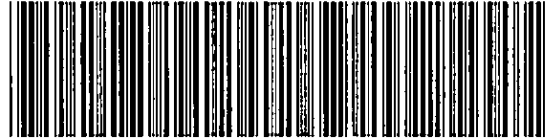
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROPAG BAYWOOD 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:

ANTHONY E. EWEN
Name of Person
PROPAG BAYWOOD LLC
Firm/Company
8121 LAZY BEAR LANE
Address
WINTER PARK FL 32792
City/State and Zip Code
TONY.EDESIGN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

ANTHONY EWEN at (407) 310 7551
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

PROPAG BAYWOOD LLC

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

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TALLAHASSEE, FL

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The Articles of Organization for this Limited Liability Company were filed on 9-4-2020 and assigned
Florida document number L20000277061

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**)

8121 LAZY BEAR LANE
WINTER PARK FL 32792

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

8121 LAZY BEAR LANE
WINTER PARK FL 32792

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:

ANTHONY E. EWEN

New Registered Office Address:

8121 LAZY BEAR LANE

Enter Florida street address

WINTER PARK

Florida

32792

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>
COMPTROLLER	HENRY EWEN	802 BAYWOOD ST	<input type="checkbox"/> Add
		ALAMONTE SPRINGS FL	<input checked="" type="checkbox"/> Remove
		321d	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

HENRY EWEN IS DECEASED 5-28-2022

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TALLAHASSEE, FL

FILED

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

10-22

2022



Signature of a member or authorized representative of a member

ANTHONY E. EWEN

Typed or printed name of signee

THIS DOCUMENT HAS A LEGAL BACKGROUND OF THE UNLAWFUL PAPER. USED TO IDENTIFY FLORIDA VITAL RECORDS.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2022106428

DATE ISSUED: JUNE 21, 2022

DECEDENT INFORMATION

DATE FILED: JUNE 13, 2022

NAME: HENRY LUIS EWEN

DATE OF DEATH: MAY 28, 2022

SEX: MALE

SSN: 262-17-8985

AGE: 067 YEARS

DATE OF BIRTH: MAY 18, 1954

BIRTHPLACE: MIAMI, FLORIDA UNKNOWN

PLACE OF DEATH: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: ADVENTHEALTH ALTAMONTE SPRINGS

LOCATION OF DEATH: ALTAMONTE SPRINGS, SEMINOLE COUNTY, 32701

RESIDENCE: 802 BAYWOOD STREET, ALTAMONTE SPRINGS, FLORIDA 32701, UNITED STATES COUNTY: SEMINOLE

OCCUPATION: INDUSTRY, ACCOUNTANT, ACCOUNTING

EDUCATION: BACHELORS DEGREE

EVER IN U.S. ARMED FORCES? YES

HISPANIC OR LATINO ORIGIN? YES, PUERTO RICAN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: DIVORCED

SURVIVING SPOUSE NAME: NONE

FATHER'S/PARENT'S NAME: HENRY EWEN

MOTHER'S/PARENT'S NAME: LEONOR SOSADILLA

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: EVA EWEN

RELATIONSHIP TO DECEDENT: DAUGHTER

INFORMANT'S ADDRESS: 802 BAYWOOD STREET, ALTAMONTE SPRINGS, FLORIDA 32701, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: TODD DEGUSSPE, F042811

FUNERAL FACILITY: DEGUSSPE FUNERAL HOME - MAITLAND F053087

1001 N ORLANDO AVE, MAITLAND, FLORIDA 32751

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: DEGUSSPE FUNERAL HOME & CREMATORY

MAITLAND, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 HOUR): 0810

DATE CERTIFIED: JUNE 8, 2022

CERTIFIER'S NAME: BORIS EFRAIM CORONADO

CERTIFIER'S LICENSE NUMBER: M872116

NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I: AND APPROXIMATE INTERVAL ONSET TO DEATH:

a. CARDIAC ARREST

30 MINUTES

b. RENAL FAILURE

2 YEARS

c. ESSENTIAL HYPERTENSION

20 YEARS

c

PART I - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: DIARRHEAL ILLNESS, TYPE 2 DIABETES, SLEEP APNEA

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? NO

DATE OF SURGERY:

DO TOBACCO USE CONTRIBUTE TO DEATH? NOT STATED

REASON FOR SURGERY:

PREGNANCY INFORMATION: NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 HOUR):

INJURY AT WORK? NO

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY STATUS OF DECEDENT:

TYPE OF VEHICLE:

STATE REGISTRAR

REQ 2024103738



WARNING

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ON FORM 1041 (03-12)

CERTIFICATION OF VITAL RECORD