

120000302295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

9/23/21  
TM

Office Use Only



600373198806

09/13/21--01018--016 \*\*25.00

21 SEP 13 PM 1:31

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AMEDAD Properties 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:

Nathalie Warren  
Name of Person

Firm/Company

2806 Falling Leaves Drive  
Address

Valrico, FL 33596  
City/State and Zip Code

nwarren@gmail.com  
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathalie Warren at (315) 380-1019  
Name of Person Area Code Daytime Telephone Number

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

21 SEP 13 PM 1:31

AMEDAD Properties 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 9/24/2020 and assigned  
Florida document number L20000302295.

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*

*City*

*Florida*

*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**

| <u>Title</u> | <u>Name</u>           | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|-----------------------|-------------------------------|--|
| AR           | Nathalie Q. Warren    | 7901 4 <sup>th</sup> Street N | <input type="checkbox"/> Add               |
|              |                       | Ste. 300                      | <input type="checkbox"/> Remove            |
|              |                       | St. Petersburg, FL 33702      | <input checked="" type="checkbox"/> Change |
| AR           | Michael D. Warren Jr. | 7901 4 <sup>th</sup> Street N | <input type="checkbox"/> Add               |
|              |                       | Ste. 300                      | <input type="checkbox"/> Remove            |
|              |                       | St. Petersburg, FL 33702      | <input checked="" 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            |
|              |                       |                               | <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 amend the addresses of the Authorized Persons.  
The addresses are currently listed as 2806 Falling  
Leaves Drive Valrico, FL 33596 and we would like  
the addresses changed to addresses listed above in  
the previous section;

7901 41<sup>st</sup> Street N

Ste. 300

St. Petersburg, FL 33702

21 SEP 13 PM 1:32

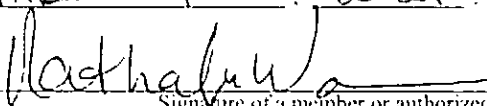
**F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 9, 2021.



Signature of a member or authorized representative of a member

Nathalie O. Warner

Typed or printed name of signee