

K20 0000 304 027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

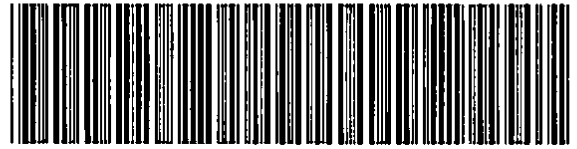
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/21--01022--013 **25.00

21 SEP 13 AM 9:44

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4741 Club Circle 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
Address

Valrico, FL 33596
City/State and Zip Code

nqwarren@gmail.com
E-mail 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

21 SEP 13 AM 9:44

4741 Club Circle 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 9/25/2020 and assigned
Florida document number L20000304027.

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

21 SEP 13 AM 9:44

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	Nathalie Q. Warren	7901 4 th 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 th 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
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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.)

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:

7401 4th Street N

Ste. 300

St Petersburg, FL 33702

21 SEP 13 AM 9:44

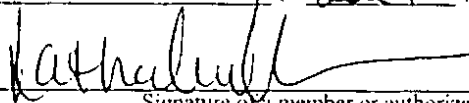
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 6, 2021



Signature of a member or authorized representative of a member

Nathalie Q. Warren

Typed or printed name of signee