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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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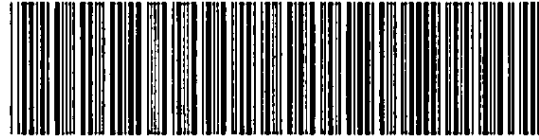
(Business Entity Name)

(Document Number)

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2023 JUN -3 PM 10:21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Floral City Ventures 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:

Jessica I. Cahill

Name of Person

Floral City Ventures LLC

Firm/Company

10333 E Gobbler Dr

Address

Floral City, FL 34436

City/State and Zip Code

sleepyhollowfishcamp@yahoo.com

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

For further information concerning this matter, please call:

Jessica Cahill

727

430-0975

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**

Floral City Ventures 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 October 02, 2020 and assigned
Florida document number L20000311902.

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)

10333 E Gobbler Dr

Floral City, FL 34436

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10333 E Gobbler Dr

Floral City, FL 34436

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:

Jessica L. Cahill

New Registered Office Address:

11251 E Salmons Dr

Enter Florida street address

Floral City


Florida 34436

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>
MGR	Jessica L Cahill	2842 DARTMOUTH AVE N	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FL 33713 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Danny S Watson	1051 HAYWARD CIRCLE	<input type="checkbox"/> Add
		MILFORD, OH 45150 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nelson Otero	11251 E SALMON DRIVE	<input type="checkbox"/> Add
		FLORAL CITY, FL 34436 US	<input checked="" 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"/> Change

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2025-01-09 14:00:21

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.

Dated DECEMBER 27 2022


Signature of a member or authorized representative of a member

Typed or printed name of signee