

L20000314701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

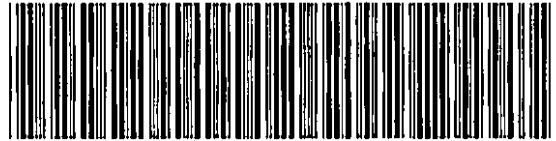
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7303 LOUISE DR. INVESTMENTS, 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:

STEVEN MANGIONE
Name of Person

INTEGRITY PROPERTY SOLUTIONS
Firm/Company

3046 DEL PRADO BLVD. S. STE 1-A5
Address

CAPE CORAL, FL. 33904
City/State and Zip Code

CoastalLivingRealty@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL JELLEY at (239) 321-0525
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

7303 LOUISE DR INVESTMENTS, 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 10-5-2020 and assigned Florida document number L 20000314701.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21515 BELHAVEN WAY
ESTERO, FL. 33928

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:

DARREL S. BAKER

New Registered Office Address:

21515 BELHAVEN WAY

Enter Florida street address

ESTERO

City

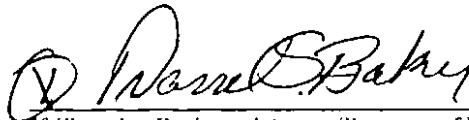
Florida

33928

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>
<u>MGR</u>	<u>STEVEN S. MANFIZONE</u>	<u>3046 DEL PRADO BLVD S.</u>	<input type="checkbox"/> Add
		<u>CAPE</u>	
		<u>STE 1-A5 CORAL</u>	<input checked="" type="checkbox"/> Remove
		<u>FLORIDA, 33904</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>DANIEL JELLEY</u>	<u>3046 DEL PRADO BLVD S.</u>	<input type="checkbox"/> Add
		<u>STE 1-AS</u>	<input checked="" type="checkbox"/> Remove
		<u>CAPE CORAL, FL. 33904</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>DARRYL S. BAKER</u>	<u>21515 BELHAVEN WAY</u>	<input checked="" type="checkbox"/> Add
		<u>ESTERO, FL. 33928</u>	<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.)

N/A

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 12-10-2020 (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 12-11- 2020

Daniel G. Jelley

Signature of a member or authorized representative of a member

DANIEL G. JELLEY

Typed or printed name of signee