

L20000325655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

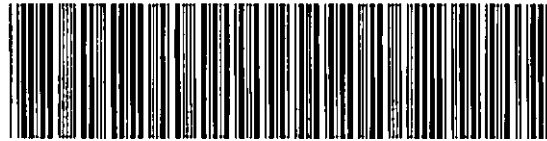
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: 212 APOLLO BEACH 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:

CHRISTINE TRIMMER

Name of Person

212 APOLLO BEACH LLC

Firm/Company

235 APOLLO BEACH BLVD, STE 417

Address

APOLLO BEACH FL 33572

City/State and Zip Code

CTRIMMER@CFIRSTAM.COM

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

For further information concerning this matter, please call:

CHRISTINE TRIMMER

813 376-1464

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**

212 APOLLO BEACH 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 14, 2020 and assigned
Florida document number L20000325655.

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)

235 Apollo Beach Blvd
Suite 417
Apollo Beach FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Communities First Association Management LLC

235 Apollo Beach Blvd, Suite 417

Apollo Beach FL 33572

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

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 | ERIC R TRIMMER | 718 APOLLO BEACH BLVD | <input type="checkbox"/> Add |
| | | APOLLO BEACH FL 33572 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | KATHY TRIMMER | 235 APOLLO BEACH BLVD, STE 417 | <input checked="" type="checkbox"/> Add |
| | | APOLLO BEACH FL 33572 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CHRISTINE M TRIMMER | 235 APOLLO BEACH BLVD, STE 417 | <input type="checkbox"/> Add |
| | | APOLLO BEACH FL 33572 | <input type="checkbox"/> Remove |
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~~SECRET~~

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 NOVERMBER 09 2020



ANTHONY G COLEMAN, JR

Filing Fee: \$25.00