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COVER LETTER

TO: Registration So Division of Cor				
	L DEVELOPMENT, LLC (Re	equest to change name)		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOHN A. KING, SR.			
		Name of Person		
		Firm/Company		
	539 BOTANY BLVD.			
		Address		
	SANTA ROSA BEACH, I	FL 32459		
	JohnKingRE@aol.com	City/State and Zip Code		
		to be used for future annual report no	tification)	
For further information of	oncerning this matter, please c	all:		
JOHN A. KING, SR.		850 585-4537		
Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he 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 Division of C	Section	<u>Street Address:</u> Registration So Division of Co		
P.O. Box 632	27	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRINCIPAL DEVELOPMENT, 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 11/23/2020 and assigned Florida document number 1.20000370114 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PRINCIPLE DEVELOPMENT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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 familia 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			[]Change
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ective date, if other than the di- effective date is listed, the date must be e: If the date inserted in this bloc ument's effective date on the Dep	e specific and cannot be p k does not meet the ap	plicable statutory	or more than 90 days		
record specifies a delayed entering the 90th day after the recor		not an effecti	ve time, at 12:0	01 a.m. on the e	arlier (
DECEMBER 9	2021				
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