# LZD 000 371 042

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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### COVER LETTER

#### TO: Registration Section Division of Corporations

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Willow Property 1525, I.I.C SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and feets) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanic Gibson

Name of Person

Martinez Law

Firm/Company

18115 N US Highway 41, Ste. 600

Address

Lutz, FL 33549

City State and Zip Code			53		
sgibsoma marti	nezławila.com			ÅP??	: ' 
fy-m	ail address; (to be used for future annual r	eport notification)		N	
For further information concerning this mat	ter, please call:		· · · ·		•
Stephame Gibson	813 - 803 at (	-4887	• •	<i>ب</i> ن تن	
Name of Person	Area Code	Daytime Telephone Number	;	Ö	

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 (senclosed))

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S60.00 Filing Fee, Certificate of Status & Certified Copy (additional cryvis enclosed)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

Willow Property 1525, 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  $\frac{11/20/2020}{11/20/2020}$  and assigned Florida document number  $\frac{1.20000371042}{1.20000371042}$ .

This amendment is submitted to amend the following:

#### A. If amending name, eater 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 "LLC"

Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4708 Rue Bordeaux	
	Lutz, FL 33558	
		ـــــــــــــــــــــــــــــــــــــ
Enter new mailing address, if applicable: ( <i>Mailing address MAY BE A POST OFFICE BOX</i> )	4708 Rue Bordeaux	
	Lutz, FL 33558	<u> </u>
	·····	·····

# B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
<u>nee negateret ernee nearen</u> .	Enter Florido street add	ress
		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. Thereby confirm that the limited liability company has been notified in writing of this change.

1) Changing Registered Agent. Signature of New Registered Agent

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

#### MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	Jimmy Long	4708 Rue Bordeaux	[] Add
		Lutz, FL 33558	🖸 Remove
			Change
MGR	Linda Long	4708 Rue Bordeaux	🗆 Add
		Lutz, FL 33558	□Remove
			□Change
<u>_,</u>		· <u> </u>	🗋 Add
			🗆 Remove
			[] Change
<u></u>			🗆 Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		CRL 12 ALL 4
04/18/2023 active date, if other then the date of filing:	Contionals	- 19 - 19 19 - 19
ective date, if other than the date of filing:	e than 90 days after filing.)	Fursuant'to 6030
te: If the date inserted in this block does not meet the applicable statutory filing	requirements, this date v	vill not be listed
cument'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

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Dated April 18		
m		
	Signature of a member or authorized representative of a member	
Stephanie M. Gibson a	as Authorized Representative of MGR Jimmy Long	

Typed or printed name of signee