

L20 000 386556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

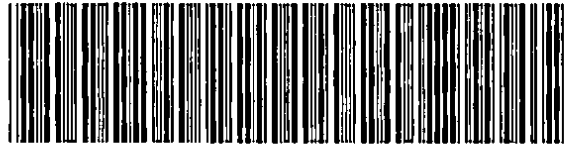
(Business Entity Name)

(Document Number)

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2/8/21

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: PENINSULA PROPERTIES OF FL CORAL SPRINGS, 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:

ALEX RAKATANSKY

Name of Person

RAKATANSKY, RAKATANSKY & ASSOCIATES

Firm/Company

75 UNION AVENUE, SUITE 109

Address

SUDBURY, MA 01776

City/State and Zip Code

ALEX@RAKATANSKY.COM

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

For further information concerning this matter, please call:

ALEX RAKATANSKY at 508 872-0101  
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**

PENINSULA PROPERTIES OF FL CORAL SPRINGS, 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 12/10/2020 and assigned Florida document number L20000386556.

This amendment is submitted to amend the following:

**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)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Enter new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX)**

**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: THOMAS GODINO

New Registered Office Address: 10375 SE LEATHERBACK TERRACE

*Enter Florida street address*


TEQUESTA, Florida 33469

*City*

*Zip Code*

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

1 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	THOMAS GODINO	10375 SE LEATHERBACK TERRACE	<input checked="" type="checkbox"/> Add
		TEQUESTA, FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	CHRISTOPHER LUCY	107 SOUTH STREET #3B	<input type="checkbox"/> Add
		BOSTON, MA 02111	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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 FILE  
 REMOVE  
 CHANGE

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

Lined area for amending information.

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Effective date, if other than the date of filing: \_\_\_\_\_ (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.

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 is filed.

Effective date: December 24 2020



Signature of a member or authorized representative of a member

Alex Rakitskiy, CPA

Typed or printed name of signee