## L21000030279

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Terry Cronin LLC SUBJECT: 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: Jennifer Devine Name of Person Firm/Company 1 Bankowski St Address Sandwich, MA 02563 City/State and Zip Code jenjdevine@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Devine Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & \_\_ ☐ \$55.00 Filing Fee & Certified Copy Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section **Registration Section** Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Terry Cronin LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on January 13, 2021	and assigned
lorida document number L21000030279		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	200 Central Ave Ste 400	
Principal office address MUST BE A STREET ADDRESS)	St Petersburg, FL 33701	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	City	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 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>	Address	Type of Action
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e <b>ctive date,</b> i effective date i	if other than the d is listed, the date must be inserted in this block	hate of filing: _ be specific and car alk does not mee	nnot be prior to d	ate of filing or more t	(optio han 90 days after f	iling.) Pursuant to 60	)5.020 sted a
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cord specifies s filed.	s a delayed effective	date, but not an	effective time,	at 12:01 a.m. on t	ne earlier of: (b)	The 90th day aft	ter the
led	1/31	· · · · · · · · · · · · · · · · · · ·	2023				
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Typed or printed name of signee