

L21000058854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

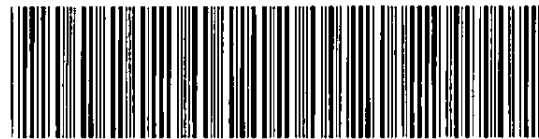
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/13/24--01027--035 **60.00

FILED
SEP 13 AM 8:03
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
09/13/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 912 SE 46TH LANE, 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:

JAMES P MORRISSETTE

Name of Person

912 SE 46TH LANE, LLC

Firm/Company

912 SE 46TH LN, STE 101

Address

CAPE CORAL, FL 33909

City/State and Zip Code

lauriepaula76@gmail.com

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

For further information concerning this matter, please call:

Laurel M Paula

404

944-2035

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**

912 SE 46TH LANE, 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 02/02/2021 and assigned
Florida document number L21000058854.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

68-76 PONDELLA ROAD, LLC

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)

4656 ELEVATION WAY

FORT MYERS, FL 33916

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2743 FIRST ST, APT 404

FORT MYERS, FL 33916

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:

LAUREL M PAULA

New Registered Office Address:

2743 FIRST ST, APT 404

Enter Florida street address

FORT MYERS

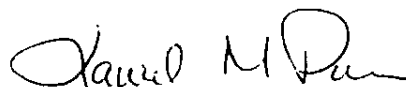
Florida 33916

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 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	CHRISTOPHER MITCHELL	912 SE 46TH LANE, UNIT 101	<input type="checkbox"/> Add
		CAPE CORAL, FL 33909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

STATE OF FLORIDA
SECRETARY OF STATE
JAN 8 2014
AM 8:04

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

REQUESTING A NAME CHANGE TO:

68-76 PONDELLA ROAD, LLC

SEP 13 AM 8:04
DEPT OF STATE
TALLAHASSEE, FL

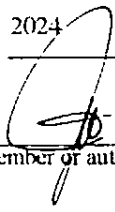
E. Effective date, if other than the date of filing: 9/1/2024 **(optional)**

(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.

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.

Dated SEPTEMBER 10 2024



Signature of a member or authorized representative of a member

JAMES P MORRISSETTE

Typed or printed name of signer