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Special Instructions to Filing Officer:





04/27/21--01025--011 **30.00



COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

	tion Section of Corporations		
205 SUBJECT:	North Hibiscus Drive Holdings, LL	С	
3003ECT.	Name of Li	mited Liability Company	
The enclosed Artic	cles of Amendment and fec(s) are su	abmitted for filing	
	orrespondence concerning this matte	C	
	Alex Ragon		
		Name of Person	
	***************************************	Firm/Company	<u> </u>
	6850 Miller Road		
		Address	
	Brecksville, Ohio 44141		
		City/State and Zip Code	
	AlexJRagon@yahoo.com E-mail address:	tto be used for future annual report notifi	ication)
For further informa	ation concerning this matter, please	call:	
Alex Ragon		330 603-1132	
	Same of Person	at () Area Code Daytime	Telephone Number
Enclosed is a cheel	k 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
	tion Section	Street Address: Registration Sec	
Division	of Corporations	Division of Corp	porations

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

205 North Hibiscus Drive Holdings, LLC	
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.21000063835}{1.0000063835}$.	filed on $\frac{02/15/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
2412 Laguna Holdings, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THE STATE OF THE S
B. If amending the registered agent and/or registered office addre agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida

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.

Zip Code

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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te: If the date in cument's effectiv	serted in this	biock does n	ot meet the	applicable	statutory fili	ng requirem	ents, this d	ate will i	ot be lis	ted as
			or male 310	ccorus.						
cord specifies a s filed.	delayed effect	ive date, but	not an effec	ctive time,	at 12:01 a.m.	on the earli	er of: (b)	The 90th	day afte	er the
ed April	26		2021							
		1								
		/ / / (
		Signature o	l a member c	or authorized	representativ	e of a membe				

Filing Fee: \$25.00