

Division of Corporations

L210000083671

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

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From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000030023
Phone : (614) 280-3339
Fax Number : (954) 208-0845

date 07/12/2021

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
4630 GOLF STREAM DRIVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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B3
7/19/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4630 Golf Stream Drive 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 February 18, 2021 and assigned
Florida document number L21000083671.

This amendment is submitted to amend the following:

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

N/A

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)

4630 Gulfstream Dr.

Naples, Florida 34112

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4630 Gulfstream Dr.

Naples, Florida 34112

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: N/A

New Registered Office Address: 4624 Pond Apple Dr. N

Enter Florida street address

Naples, Florida 34119

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	Daniel J. Latino	12911 Coco Plum Lane	<input type="checkbox"/> Add
		Naples, FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Daniel P. Latino	4630 Gulfstream Dr.	<input checked="" type="checkbox"/> Add
		Naples, Florida 34112	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAD. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: N/A (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 June 30, 2021



Signature of a member or authorized representative of a member

Daniel P. Latino

Typed or printed name of signee