L21000095210

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE			
mrk - 1 2022			

Office Use Only

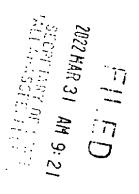


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2022 MAR 31 PH 2: 27

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Seniors Social Club	o of SWFL LL	С	
			_
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
·			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC Retrieval
Walk-In		·	Courier

COVER LETTER

SUBJECT:	SENIORS S	OCIAL CLUB OF SWFL LL	С	
		Name of Lim	ited Liability Company	-
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Kelly Mathis		
	Name of Limited Liability Company assed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Kelly Mathis			
		Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. Deprespondence concerning this matter to the following: Kelly Mathis		
Finn/Company				-
		3577 Cardinal Point Dr.		
			Address	
		Jacksonville, FL 32257		
			City/State and Zip Code	
		-		
			·	eation)
For further in	iformation co	ncerning this matter, please ca	all:	
David A. Sve	ec		323 363-6455	
			at ()	
	Name of	Person	Area Code Daytime T	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

SENIORS SOCIAL CLUB OF SWFL LLC

Name of the Limited Liability C (A Florida Lii	company as it now appeamited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compassigned Florida document number <u>L21000095210</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	ere:	2022 HAR 31 AH C	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abbreviation "LL	;c. -
Enter new principal offices address, if applicable:	3786 Tamiami	TRL	
(Principal office address MUST BE A STREET ADDRES	Port Charlotte,	FL 33952	
(Mailing address MAY BE A POST OFFICE BOX)	Port Charlotte,	FL 33952	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our r	records, enter the name of the new	<u>registered</u>
Name of New Registered Agent: K.B. Math	his, P.A.		
3577 Carr	dinal Point Dr.		
New Registered Office Address:		orida street address	
New Registered Office Address:	Enter Flo		
New Registered Office Address: Jacksonvi		, Florida ³²²⁵⁷	

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

Page 1 of 3

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

11116		Address	Type of Action
MGR	Padalino, Connor	3786 Tamiami TRL	X Add
		Port Charlotte, FL 33952	Remov e
			Change
MGR	Deno, Corey	27066 HARBOUR OAKS BLVD	□Add
		Punta Gorda, FL 33983	X Remove
			Change
MGR	Jenks, William E.	1042 HARBOUR PARK CT.	□A6d
		Punta Gorda, FL 33983	X /Remove
			☐ Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remov e
			Chang e
			Remov e
			□Chan ge

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Tective date, if other than in effective date in	the date of filing:		(options	l)
ote: If the date inserted in this ocument's effective date on the	block does not meet the a	applicable statutory fil	ng requirem ents, this dat	e will not be listed
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March 29	2022			
	To the			

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signce