

L2/000107926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

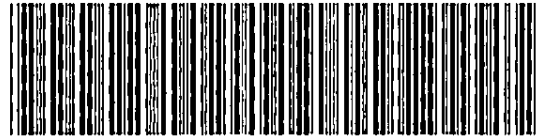
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SECTION 1411  
DIVISION OF STATE  
21 MAR 29 PM 12:28

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HALLS AVENIDA SIESTA PARADISE 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:

THOMAS R. CONKLIN

\_\_\_\_\_  
Name of Person

THOMAS R. CONKLIN ATTORNEY & COUNSELOR PLLC

\_\_\_\_\_  
Firm/Company

442 SOUTH TAMiami TRAIL

\_\_\_\_\_  
Address

OSPREY, FLORIDA 34229

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS R. CONKLIN                      941              366-2608  
\_\_\_\_\_  
Name of Person                      at (              )              Area Code              Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

21 MAR 29 PM 12: 28

HALLS AVENIDA SIESTA PARADISE 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 MARCH 5, 2021 and assigned  
Florida document number L21000107926.

This amendment is submitted to amend the following:

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

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	PATRICK HALL	590 REDWOOD LANE	<input type="checkbox"/> Add
		LISLE, IL 60532	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DIANE HILL	3531 ADAMS STREET	<input type="checkbox"/> Add
		LANSING, IL 60438	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	MARIANNE WHALEY	24934 BLAKELY DRIVE	<input type="checkbox"/> Add
		PLAINFIELD, IL 60544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE  
DIVISION OF CONF. OF AMB.  
(necessary)  
21 MAR 29 PM 12:28

(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)(h)

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.

Kathleen Barri  
Signature of a member or authorized representative of a member

Kathleen Barri  
Typed or printed name of signee

**Filing Fee: \$25.00**