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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

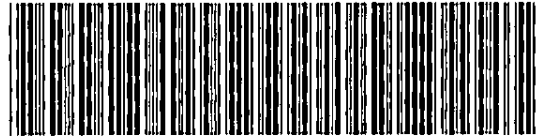
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8961 OKEECHOBEE, 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:

Stephen W. Screnci, Esq.

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

Stephen W. Screnci, P.A.

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

2700 North Military Trail, Suite 355

\_\_\_\_\_  
Address

Boca Raton, FL 33431

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

sws@screncilaw.com

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

For further information concerning this matter, please call:

Stephen W. Screnci, Esq.

561 300-3390

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

## ORGANIZATION

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stephen Screnci	2700 N. Military Trail, Suite 355	<input type="checkbox"/> Add
		Boca Raton, FL 33431	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Severino Rodrigues	6180 NW 63rd Way	<input checked="" type="checkbox"/> Add
		Parkland, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gregory Roth	17703 Lomond Court	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33496-1032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (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

Stephen Scenci

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00