## L21000184490

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SECRETARY OF STATE



## **COVER LETTER**

TO:

	gistration Se vision of Cor			
SUBJECT:		NWOOD CIRCLE LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	indence concerning this matter	to the following:	
		Michael E. Steuer		
			Name of Person	
		Steuer & Co, CPA		
			Firm/Company	<del> </del>
		1000 Belcher Rd S Ste 7		
			Address	
		Largo, FL 33771		
			City/State and Zip Code	
		myinfo@miketheepa.com		
		E-mail address: (	to be used for future annual report no	nification)
For further i	nformation c	oncerning this matter, please co	all:	
Michael E.	Steuer		727 797-9000 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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)
	ailing Addres		Street Address:	action
	gistration S vision of C	Section Corporations	Registration S Division of Co	
	O. Box 632		The Centre of	
Ta	llahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7141 WRENWOOD CIRCLE LLC					
(Name of the Limit	d Liability Company as it now A Florida Limited Liability Com	appears on our records.) pany)			
The Articles of Organization for this Limited Liability Company were filed on 04/21/2021  Florida document number L21000184490			and assigned		
This amendment is submitted to amend the follo					
A. If amending name, enter the new name of	the limited liability compa	ny here:			
The new name must be distinguishable and contain the w	ords "Limited Liability Company,	"the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applica	able:	·	<del>7</del> 22		
Principal office address MUST BE A STREE	T ADDRESS)		2023 SEC		
		<u> </u>	AH. UN		
			-5 -5		
Enter new mailing address, if applicable:			mg > I		
Mailing address MAY BE A POST OFFICE I					
			FLORID		
			3		
B. If amending the registered agent and/or regent and/or the new registered office addres		our records, <u>enter the name</u>	of the new registere		
Name of New Registered Agent:	Michael E. Steuer				
New Registered Office Address:	1000 Belcher Rd S Ste 7				
Con Hogister of Office Hadrood	Ent	er Florida street address			
	Largo	, Florida <sup>337</sup>	71		
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	specific and cannot be pridoes not meet the app	licable statutory fil	more than 90 days afte	ional) r filing.) Pursuant to 605.0 is date will not be listed	1201 i as
ecord specifies a delayed effective da s filed.	ate, but not an effective	e time, at 12:01 a.n	i. on the earlier of: (i	5) The 90th day after t	the
May 27	2023	•			
	$\overline{\gamma}$	6			

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Typed or printed name of signee