

h21 000229695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

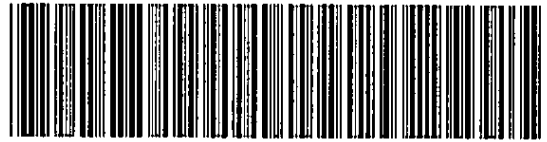
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

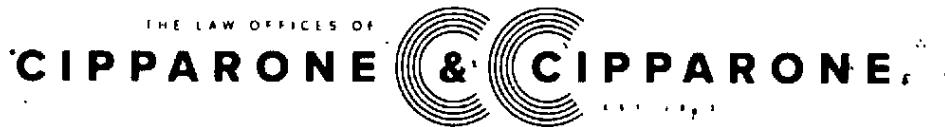
Office Use Only



800391964748

08/10/22--01009--015 \*\$25.00

22 AUG 10 AM 10:46  
DIVISION OF CORPORATION



August 8, 2022

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: 720 Callahan, LLC - Amendment**

To Whom It May Concern:

My firm represents 720 Callahan, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and our check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is changing its address.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

Ryan Cipparone

RC/jmb  
Enclosures

22 AUG 10 10:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 720 Callahan, 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:

Paul Cipparone, Esquire

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

Cipparone & Cipparone, P.A.

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

1525 International Pkwy., Suite 1071

\_\_\_\_\_  
Address

Lake Mary, FL 32746

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

pcipparone@cipparonepa.com

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

22 AUG 10 AM 10:46

REGISTRATION SECTION  
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Paul Cipparone, Esquire

321 275-5914  
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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

720 Callahan, 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 May 18, 2021 and assigned  
Florida document number L21000229695.

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)

8068 Peaceful Circle

Sanford, FL 32771

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8068 Peaceful Circle

Sanford, FL 32771

22 AUG 10 AM 10:46

SECTION OF GOVERNMENT

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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	Norman Lei	8068 Peaceful Circle	<input type="checkbox"/> Add
		Sanford, FL 32771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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23 AUG 10 AM 10:46  
DIVISION OF CONSUMER AFFAIRS  
STATE OF FLORIDA

22 AUG 10 AM 10 46


22 AUG 10 AM 10:45

Division of Corrections

(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.

August 3, 2022



Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**