(F	Requestor's Name)
(<i>F</i>	Address)
(<i>f</i>	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Oocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

Office Use Only



800367683908

(D

ا. ات

AH 9: 12

שנים 1 7 2021 אינוע



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 865634 7175508
AUTHORIZATION: Symple & end
COST LIMIT : \$ 25:00
ORDER DATE : June 15, 2021
ORDER TIME : 8:24 AM
ORDER NO. : 865634-005
CUSTOMER NO: 7175508
DOMESTIC AMENDMENT FILING
NAME: 411 LIGHTHOUSE WAY, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

COVER LETTER

TO: Registration S Division of Co			
OUD TO COP	411 LIGH	THOUSE WAY, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub condence concerning this matter	•	
r lease return an corresp	condence concerning this matter	to the following.	
		Jennifer Cohen	
		Name of Person	
		Levenfeld Pearlstein, LLC	
		Firm/Company	
	:	2 N. LaSalle Street, Suite 1300	
		Address	
		Chicago, Illinois 60602	
		City/State and Zip Code	
		lpagents@lplegal.com	
F 6 4 4 6 4		to be used for future annual report	notification)
For further information	concerning this matter, please of	ali:	
Jenn	ifer Cohen	312 at ()	346-8380
Name	of Person		sytime 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		Street Addres Registration	
Division of 0	Corporations	Division of	Corporations
P.O. Box 63			of Tallahassee
Tallahassee,	ドレ 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

411 LIGHTHOU	JSE WAY, LLC			
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears Liability Company)	on our records.		
The Articles of Organization for this Limited Liability Company	were filed on	May 26, 2021	8	and assigned
Florida document number L21000247309				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company hei	<u>re</u> :		
500 PERIWINKLE WAY, LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or th	e abbrevia	tion "L.L.C."
inter new principal offices address, if applicable:	411 LIGHTHOUSE WAY			
Principal office address MUST BE A STREET ADDRESS)	SANIBEL, FLOI	RIDA 33957		
		<u> </u>		
	411 LIGHTHOU	SE WAY		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	SANIBEL, FLORIDA 33957			
Manual Garages Manual DE A LOST OF LICE BOX			·	
				;
I. If amending the registered agent and/or registered office agent and/or the new registered office address here:	iddress on our red	cords, <u>enter the n</u>	ame of t	he new registe
				,
Name of New Registered Agent:				ان
New Registered Office Address:				E (L.
	Enter Floric	la street address	声型	
		, Florida	، تر:	
	City		Zîp	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>	Type of Action
MGR	KATHLEEN S. EVERL		□Add
			■Remove
			□Change
MGR	KATHLEEN S. EVERLY	411 LIGHTHOUSE WAY	
		SANIBEL, FLORIDA 33957	□Remove
			□Change
MGR	MGR BRUCE B. EVERLY JR.	411 LIGHTHOUSE WAY	□Add
	SANIBEL, FLORIDA 33957	□Remove	
			☐ Change
		 	□Add
			□Remove
			Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□ Change

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
	
_	
(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
f the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a piember or authorized representative of a member
	Bruce B. Everly Jr., Manager
	Typed or printed name of signee

Filing Fee: \$25.00