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COVER LETTER

то:	Registration S Division of Co			•
47 5 1 1 7 5 7 5 7 5 7		Dr., LLC	•	
SUBJEC	UI:	Name of Lin	nited Liability Company	
The encl	osed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please re	cturn all corresp	oondence concerning this matter	to the following:	
		Cheryl Hillesheim		
			Name of Person	
		Coleman, Yovanovich & I	Koester, P.A.	
			Firm/Company	
		4001 Tamiami Trail N., St	uite 300	
			Address	
		Naples, F1, 34103		
			City/State and Zip Code	
		thad@peredev.com	to be used for future annual report not	(Contion)
For furth	ner information	concerning this matter, please e		incation)
Thad Gu	ulliford		239 263-4224	
	Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	I 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 Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se Division of Con The Centre of T	rporations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

664 Coral Dr., LLC	lite Company or it now appears on our records	
(A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on August 4, 2021	and assigned
Florida document number <u>L21000351105</u>	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
644 Coral Dr., LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		JUG TRUE
(Principal office address MUST BE A STREET ADD	RESS)	
		~ ~
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	· ·	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	
	, Florid	a
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
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			□Remove
			□ Change
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			□Remove
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			□Change
			□Add
			□Remove
		□Change	
		□Remove	
			∏ Channe

	<u>. </u>
	
Note:	tive date, if other than the date of filing:
the reco	rd 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 filed.
Dated	August 10
	Matthew L. Grabinski Author. zell Report He members Typed or printed name of signer

Filing Fee: \$25.00