

L21000379420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

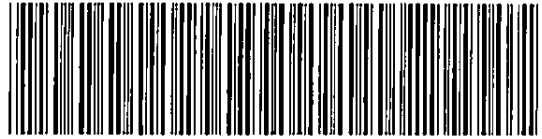
(Business Entity Name)

(Document Number)

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REC'D
2024 APR 29 AM 8:09
STATE
TALLAHASSEE, FL

RECEIVED
2024 APR 29 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT
04/25/24

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 04/29/2024

Acc#I20160000072

en: c 2/11

Name:	FL DEVELOPMENT ACQUISITION, LLC
Document #:	
Order #:	15517751

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL DEVELOPMENT ACQUISITION, 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:

MATTHEW PRINCE

Name of Person

TPA GROUP, LLC

Firm/Company

1776 PEACHTREE STREET NW, SUITE 100

Address

ATLANTA, GA 30309

City/State and Zip Code

mprince@tpa-grp.com

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

STATE
TALLAHASSEE, FL

2011-02-29 AM 8:09

20

For further information concerning this matter, please call:

Matthew Prince

770

436-1791

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL DEVELOPMENT ACQUISITION, 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 08/24/2021 and assigned Florida document number L21000379420.

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)

1776 Peachtree Street NW, Suite 100

Atlanta, GA 30309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1776 Peachtree Street NW, Suite 100

Atlanta, GA 30309

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:

C T CORPORATION SYSTEM

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

PLANTATION

City

Florida 33324

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.



C T Corporation System, Theresa Buck, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

AMBR = Authorized Member

[illegible]

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

STATE
FLORIDA
JAN 20 AM 8:09
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

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), this date will not be listed as an effective date.

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 April 17, 2024

- DocuSigned by:

Matthew Prince

-03AF18D175BF492

signature of a member or authorized representative of a member

Matthew Prince

Typed or printed name of signee

Filing Fee: \$25.00