L21000380228

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SECRETARY OF STATE
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Registration Section

Division of Col	rporations 4OND GROUP OF SOUTHWI	EST ELORIDA LLC				
JBJECT:		231 TEORIDA DEC	•			
)B3EC1:	Name of Lim	ited Liability Company				
ie enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
ease return all correspo	ondence concerning this matter	to the following:				
	JESSICA SCHOEN					
		Name of Person		-		
•		Firm/Company		. JE	202	
	3661 71'H AVE SW			CRETA ALLA	2021 AUG 30	7
	NAPLES, FL 34117	Address		HASSEE.		
	JESSICANAPLESREALTO			TATE	PM 3: 18	
	E-mail address: (to be used for future annual report notif	ication)			
or further information of ssica Schoon	concerning this matter, please c	all: 239 888-3396				
Name o	of Person	at () Area Code Daytime	Telephone Numbe	<u></u> г		
iclosed is a check for t	he following amount:					
\$\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	cate of Status &		
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 8	310		

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

• • • • • • • • • • • • • • • • • • • •	•	ny as it now appears or Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number L21000380228	Liability Company	were filed on	2021	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
essica Schoen LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if application of the address MUST BE A STREET Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE ADDRESS MAY BE ADDRESS MAY BE A POST OFFICE ADDRESS MAY BE A POST OFFICE ADDRESS MA	ET ADDRESS) E BOX) registered office	3661 7TH AVE SW	NAPLES, FL 34H7CO HANGE OF THE	30 PM 3: 180 f the new regi
Name of New Registered Agent:	Jessica Schoen			
New Registered Office Address:	3661 7TH AVE			
	NAPLES	Enter Florida	street address Florida 34117	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address Type of Action
<u>EO</u>	Jessica Schan	3661 71 AVE, SW, Naples, FL, 34117 = Add
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		□Add
		LAHAS
		ZDZI AUG 30 PH 3: 18 SECRETARY OF STATE Remove
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etive date, if other than the diffective date is listed, the date must be. If the date inserted in this blockment's effective date on the Dep	k does not meet the app	icable statutory filing	(optional) ore than 90 days after fit grequirements, this d	al) ing.) Pursua ate will no	nt to 605,020 t be listed a
ord specifies a delayed effective of filed.	late, but not an effective	time, at 12:01 a.m. (on the earlier of: (b)	The 90th o	lay after the
08/27/	2021				
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