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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

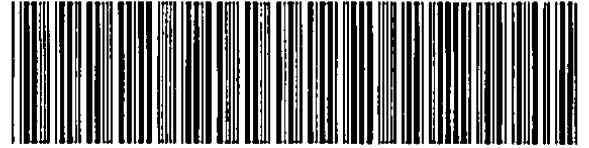
(Business Entity Name)

(Document Number)

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2021 NOV -8 PM 3:05
CLERK OF STATE
TALLAHASSEE, FL

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NOV 29 2021

**TO: Registration Section
Division of Corporations**

SUBJECT: FLL 501, 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:

David S. Ged, Esq.

Name of Person

Ged Law

Firm/Company

7955 Airport Pulling Road N, Suite 202

Address

Naples, FL 34109

City/State and Zip Code

dged@ged-law.com

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

For further information concerning this matter, please call:

David S. Ged, Esq. 239 514-5048
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

16235 Edgemont Drive

Fort Myers, FL 33908

(Mailing address MAY BE A POST OFFICE BOX)

16235 Edgemont Drive

Fort Myers, FL 33908

FILED
2021 MAY -8 PM 4:06
ARCE TATE
TALLAHASSEE, FL
The name of the new re

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida
City

Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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(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)

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 November 1, 2021

David S.Ged. Esq.

Typed or printed name of signee

Filing Fee: \$25.00