Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000008202 3)))



H220000082023ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014 : (941)907-3999 Phone Fax Number : (941)840-5559

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 6532 PEACOCK RD LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Se Division of Cor				
6532 PEAC	OCK RD LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sean Kelly			
		Name of Person		
	Najmy Thompson, P.L.			
		Firm/Company	-	
	1401 8th Ave W			
		Address		
	Bradenton FL 34205			
		City/State and Zip Code		
	Cara@beachtobayliving.com	n to be used for future annual report no	tification)	
For further information of	oncerning this matter, please c			
Sean Kelly		941 7482216		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed 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)	Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addre</u> Registration		Street Address: Registration S	Section	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
P.O. Box 632 Tallahassee,			roe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

6532 PEACOCK RD LLC			
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on 12/09/20	)21	and assigned
Florida document number 1.21000518497	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
3708 GULF DR LLC			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	RESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered	d office address on our recor	ds, enter the nam	e of the new regi
agent and/or the new registered office address here:			•
		V <sub>2</sub>	7A. S. 28
Name of New Registered Agent:			7
New Registered Office Address:			<u> </u>
	Enter Florida s	reet address	6 P
		, Florida	
	City		Zip Code —
New Registered Agent's Signature, If changing Registere			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree  $\tilde{lo}$  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 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

Title	Name	Address	Type of Action
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			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
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cord specifies a delayed effect	ive date, but not an ef	fective time, at 12:	01 a.m. on the earli	erofi(b) Th	e Mth day 🎾 r
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	Signature of a member	er or authorized repre	esentative of a membe		S MALE S MALE CLORIDA

Filing Fee: \$25.00