

L21000523994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

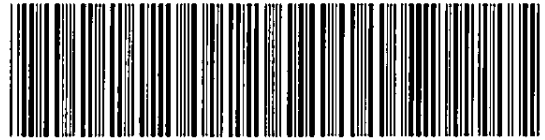
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

Endless Summer Homes LLC

SUBJECT: _____
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:

Crystal Finardo

Name of Person

Endless Summer Homes LLC

Firm/Company

162 Flamingo Blvd

Address

Port Charlotte, FL 33954

City/State and Zip Code

crystal.finardo@gmail.com

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

For further information concerning this matter, please call:

Crystal Finardo

718

213-7562

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

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alexander Rodriguez	162 Flamingo Blvd	<input checked="" type="checkbox"/> Add
		Port Charlotte, FL 33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Hon Wong	5411 Beaumont Center Blvd	<input checked="" type="checkbox"/> Add
		Suite 755	<input type="checkbox"/> Remove
		Tampa, FL 33634	<input type="checkbox"/> Change
	Crystal Finardo	162 Flamingo Blvd	<input type="checkbox"/> Add
		Port Charlotte, FL 33954	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. 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)

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.

06/18/2024

Dated _____

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Crystal Finardo

Typed or printed name of signee