Florida Department of State

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(((H22000124975 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

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

**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 2914 GULF DR LLC

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

COVER LETTER

TO: Registration Se Division of Cor			·
2914 GULI	F DR LLC		
SUBJECT:	Name of Limi	ted Liability Company	*** **********************************
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick Bryant		
		Name of Person	
	Najmy Thompson, P.L.		
		Fim/Company	
	1401 8th Ave W		
		Address	
	Bradenton Fl 34205		
		City/State and Zip Code	
	lnajmy@najmythompson.co		
	E-mail address; (o be used for future annual report noti	lication)
For further information of	concerning this matter, please ca		
Patrick Bryany		941 7482216 at () Area Code Daytim	
Name o	of Person	Area Code Daytim	e 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	
Division of C	Corporations	Division of Cou	
P.O. Box 632	27	The Centre of T	i alianassec

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2914 GULF DR LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	····
The Articles of Organization for this Limited Liability Company Florida document number L22000032803	were filed on 01/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9801 Gulf Dr. Suite 5	
(Principal office address MUST BE A STREET ADDRESS)	Anna Maria FL 34216	
Enter new mailing address, if applicable:	9801 Gulf Dr. Suite 5	
(Mailing address MAY BE A POST OFFICE BOX)	Anna Maria FL 34216	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the negregistered AND FILED AM AM AM AM AM AM AM AM AM A
New Registered Office Address:	Enter Florida street address	9
	, Florida	· =: 5
	City	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.

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>T'itle</u>	<u>Name</u>	Address	Type of Action
MGR	HILL, WALKER	1401 8TH AVE W BRADENTON, FL 34205	□Add
			■Remove
			☐ Change
••••	Shawn T. Kaleta	PO Box 1726 Bradenton FL 34206	≅Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			☐ Change
			🗆 Add
			□Remove
			Change
			□ Add
			Remove
			Chana

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary:)	
	
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	· -
	
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.) Purs Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	suant to 605.0207 (not be listed as t
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t and is filed.	h day after the
Dated April 6th 2022	
Signature of a member or authorized representative of a member	
Patrick Bryant Typed or printed name of signce	

. . . .

Filing Fee: \$25.00