## L22000078423

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	Business Entity Name)	
	(Document Number)	
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A. BUTLER

MAR - 9 2022

## **COVER LETTER**

## TO: Registration Section Division of Corporations

SUBJECT: Deland Retail 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:

Karla Kantzas

Name of Person

Red Bell Partners

Firm/Company

2469 N John Young Pkwy Suite C

Address

Orlando, FL 32804

City/State and Zip Code

kkantzas@redbellpartners.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Kantzas Name of Person at (203 ) 650-4332 Area Code Dayt

de Daytime Telephone Number

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

S30.00 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 Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A	MENDMENT
TO	
ARTICLES OF OF	RGANIZATION
OF	FILED
Deland Retail LLC ( <u>Name of the Limited Liability Company</u> (A Florida Limited Lia	2022 FEB 28 PM 4: 04 v as it now appears on our records.) ability Company) SECRET COLOR
(A Florida Limited Lia The Articles of Organization for this Limited Liability Company w	vere filed on February 17, 2022
Florida document number 1.22000078423	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here:
Deland Strip Center LLC The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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, <u>enter the title, name, and address of each person | being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 \_ phorn  $\sim$ Signature of a member or authorized representative of a member KARLA Typed or printed name of signee

Filing Fee: \$25.00