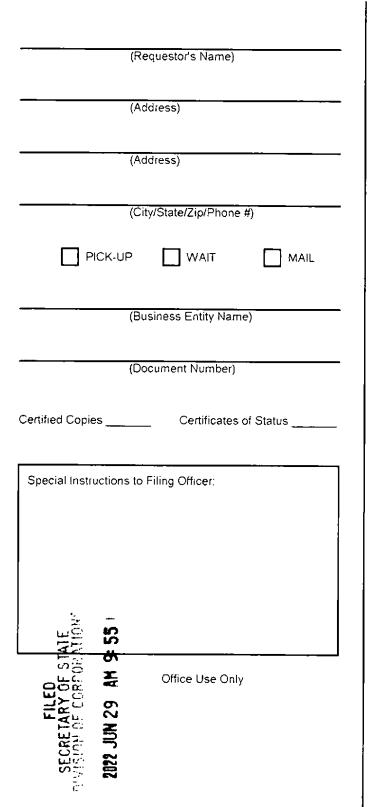
L22000085489





500390229885

ZISTO ALLAHASSEE FLORIDA

RECEIVED

JUN 30 2022

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/29/2022

NAME: 1645 BONITA CT., LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:

| TO: Registration Division of C | Section Corporations | | | |
|---|--|---|---|--|
| / | 645 BONITA CT., LLC | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | JEAN ERHARDT | | | |
| | | Name of Person | | |
| | 2300 CABOT DRIVE, SU | TTE 500 | | |
| | | Firm/Company | | |
| | | | | |
| | | Address | | |
| | LISLE, ILLINOIS 60532 | | | |
| | | City/State and Zip Code | | |
| | ERHARDT@CCMLAWY | | | |
| Can Carl and Canada | | to be used for future annual report no | titication) | |
| ror turtner intormatio | n concerning this matter, please c | au: | | |
| JEAN ERHARDT | | 630 871-2600 at () | | |
| Nan | e of Person | at () Area Code Daytin | ne Telephone Number | |
| Enclosed is a check fo | or 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 Add | | Street Address: Registration Sc | ection | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | |
| P.O. Box 6 | 327 | The Centre of | • | |
| Tallahassed | e, FL 32314 | 2415 N. Monre | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1645 BONITA CT., LLC | | |
|--|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L22000085489 | were filed on MARCH 1, 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: | 207 BROAD AVENUE SOUTH | |
| Principal office address MUST BE A STREET ADDRESS) | NAPLES, FLORIDA 34102 | |
| | | |
| Enter new mailing address, if applicable: | 207 BROAD AVENUE SOUTH | |
| Mailing address MAY BE A POST OFFICE BOX) | NAPLES, FLORIDA 34102 | |
| 3. If amending the registered agent and/or registered office a sgent and/or the new registered office address here: | nddress on our records, enter the name of the new register | |
| 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, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager |
|--------|-------------------|
| AMBR = | Authorized Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
| | | | □Add |
| | | | Remove |
| | | | |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | Change |
| | | | 🗀 Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | □Change |

| . If amending a | iny other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------------------------|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| (If an effective date Note: If the da | (optional) e is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a sective date on the Department of State's records. |
| he record specific ord is filed. | es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Л Dated | UNE 28 2022 |
| | King Landan |
| | Sanature of a member or authorized representative of a member |
| | KAREN LYNN LARSON |
| | Typed or printed name of signee |

Filing Fee: \$25.00