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COVER LETTER

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: 2217 Stacy Dunedin, 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:	
Angela M. Giannette Name of Person	
2217 Stacy, Dunedin LLC	
1503 Tallahassee Dr. Address	
Tarpon Springs, FL 34689 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Angela Grannette at (714) 328-4413 Name of Person Area Code Daytime Telephone Number	N==
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$ \$60.00 Filing Fee \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$	atus &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	2217 Stacy D (Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	_	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following	: :
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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of the li	imited liability company here:
### Finter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX Toucher Springs, FL 34689 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Angelo M. Grancette New Registered Office Address: Enter Florida street address Florida Florida	The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Angela M. Gannette New Registered Office Address: Enter Florida street address Florida Fl	Enter new principal offices address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) To per Springs, FL 34689 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Principal office address MUST BE A STREET AD	DRESS)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new mailing address, if applicable:	1503 Tallahassee Da
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Mailing address MAY BE A POST OFFICE BOX)	
New Registered Office Address: Enter Florida street address Florida		
Enter Florida street address Florida	Name of New Registered Agent:	Angela M. Giannette
	New Registered Office Address:	Enter Florida street address
City Zin Codo		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.

Anglosm, Leannotte
If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Anthony C Settens	1503 Tallahassee Dr.	DAdd
		Tarpon Springs , FL	PRemove
		34689	Change
MGR	Angela M Grannette	1503 Tallahassee Dr.	□Add
		Tourpon Springs, FL	□ Remove
		34689	D∕Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			©Change
			□Add
			Remove
			DChange
			□Add
			□Remove
			Change

(If an e Note	tive date, if other than the date of filing:
ne reco	ord 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 filed.
Dated	October 2 . 2024.
	October 2 . 2024. Omnila M. Hinnette Signature of a member or authorized representative of a member
	Angela M. Grancette Typed or printed name of signce

Filing Fee: \$25.00