# Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

Account Number : I20090000014 : (941)907-3999 Phone Fax Number : (941)896-4812

\*\*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 7196 OVERSEAS HWY LLC

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

#### **COVER LETTER**

TO: Registration Se Division of Cor		• • • •	
7196 OVEI	RSEAS HWY LLC		
SORJEC1:	Name of Limi	ited Liability Company	<del></del>
Division of Corporations  T196 OVERSEAS HWY 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:  Patrick Bryant  Name of Person  Najmy Thompson, P.L.  Firm/Company  1401 8th Ave W  Address  Bradenton F1. 34205  City/State and Zip Code  cara@beachtobayliving.com  F-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Patrick Bryant  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailling Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations			
Please return all correspo	ondence concerning this matter	to the following:	
	Patrick Bryant		
		Name of Person	
	Najmy Thompson, P.L.	Inent and fee(s) are submitted for filing.  concerning this matter to the following:  rick Bryant  Name of Person  jmy Thompson, P.L.  Firm/Company  Of State and Zip Code  @beachtobayliving.com  E-mail address: (to be used for future annual report notification)  ing this matter, please call:  at (	
		Firm/Company	
	1401 8th Ave W		
	Bradenton FL 34205		
		City/State and Zip Code	
			notification)
For further information of			
Patrick Bryant			
	of Person	at () Area Code	aytime Telephone Number
			E \$40.00 Elling Pay
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
•			
P.O. Box 632			of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7196 OVERSEAS HWY LLC		
(Name of the Limited Liability Compa (A Florida Limited L	nv as it now appears on our records.) Jability Compuny)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000131891</u>	were filed on 03/31/2022	and assigned
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  er new principal offices address, if applicable:  ncipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  102 48th St Holmes Beach, 34217 FL  er new mailing address, if applicable:  102 48th St Holmes Beach, 34217 FL  102 48th St Holmes Beach, 34217 FL  103 48th St Holmes Beach, 34217 FL  104 48th St Holmes Beach, 34217 FL  105 48th St Holmes Beach, 34217 FL  105 48th St Holmes Beach, 34217 FL  106 48th St Holmes Beach, 34217 FL  107 48th St Holmes Beach, 34217 FL  108 48th St Holmes Beach, 34217 FL		
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	ity Company," the designation "LLC" or the al	obreviation "L.I.,C."
Enter new principal offices address, if applicable:	102 48th St Holmes Beach, 34217 FL	
(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 a agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		<del>2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 </del>
New Registered Office Address:	Enter Florida street address	8 8

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Cod

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	SKRE HOMES LLC	7255 BEE RIDGE RD SARASOTA, FL 34241	□Add
			■ Remove
			□Change
MGR Shawn T. Kaleta	102 48th St Holmes Beach, 34217	<b>≣</b> Add	
			[] Remove
			Change
			□Change
			🗆 Add
		□Remove	
			□ Change
			DAdd
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this belocument's effective date on the I	e date of filing:	suant to 605.02 not be listed :
record specifies a delayed effecti d is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90	th day after th
Pated April 22	2022	
/aicu/		
	It I See	
	Signature of a member or authorized representative of a member	

. . . .

Filing Fee: \$25.00