

L22000139298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

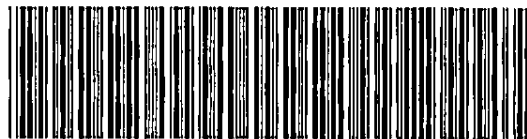
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COVER LETTER

TO: Registration Section
Division of Corporations

SFP Fairbolt Way, LLC
SUBJECT: _____

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Gibson

Name of Person

Martinez Law, P.A.

Firm/Company

18115 US Highway 41, Ste. 600

Address

Lutz, FL 33549

City/State and Zip Code

sgibson@martinezlawnla.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Gibson

813

803-4887

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SFP Fairbolt Way, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 21, 2022 and assigned
Florida document number L22000139298.

This amendment is submitted to amend the following:

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 "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 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:

Martinez Law, P.A.

New Registered Office Address:

18115 N. US Highway 41, Ste. 600

Enter Florida street address

Lutz

City

Florida 33549

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 Changing Registered Agent, Signature of New Registered Agent

If attending 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------|--------------------|--|
| MGR | Denise Singleton | 19615 Michigan Ave | <input type="checkbox"/> Add |
| | | Odessa, FL 33556 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Denise Marie Singleton | 19615 Michigan Ave | <input checked="" type="checkbox"/> Add |
| | | Odessa, FL 33556 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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13. If amending any other information, enter changes here: *Change of name to: DENISE M. JAY*

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MA

F. Effective date, if other than the date of filing: _____ (optional)

Note: If the effective date is other than the date of filing, the date must be the date of filing. Pursuant to 35 U.S.C. 413(b), the date will not be listed as the date of filing in the Department of State.

14. The date of the filing of this application is the date of the filing of the application. The date of the filing of the application is the date of the filing of the application.

Date: November 20, 2022

Denise Marie Jay

Denise Marie Jay

Filing Fee: \$25.00