

122000177776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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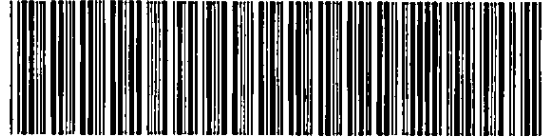
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SFP Torreya Way, 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:

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@martinezlzlawfla.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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SFP Torreya 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 April 13, 2022 and assigned  
Florida document number L22000177776.

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 "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:

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 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>	<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 type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: \_\_\_\_\_

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1. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Note: If the date inserted on this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State website.

2. The date of publication of this document in the Federal Register: \_\_\_\_\_ The \_\_\_\_\_ day after the \_\_\_\_\_ of \_\_\_\_\_.

3. Signature of \_\_\_\_\_

*Denise Marie Singleton*

Signature of \_\_\_\_\_

Filing Fee: \$25.00