122000318334

(Re	equestor's Name)	· <u> </u>
(Ad	ldress)	
(Ad	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	OCT 1 1 2022	2
	A. LUNT	

Office Use Only



400390685114

u7.12/22--01037--003 ••90.05

2022 JULI 18 AMILE 27

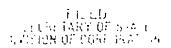
COVER LETTER

TO:

Registration Section

Division of (Corporations		
SUBJECT:	Name of Lin	nited Liability Company	
		_	
Please return all corre	spondence concerning this matter	to the following:	
	JENNIFER HEIER		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Name of Limited Liability Company closed Articles of Amendment and feets) are submitted for filing. return all correspondence concerning this matter to the following: JENNIFER HEIER		
	472 PARKHOUSE COUP	RT	
		Address	. <u>.</u> .
	MARCO ISLAND, FL 3-	4145	
•		City/State and Zip Code	· •·-•·
	-		
		•	flication)
For further information	on concerning this matter, please c	all:	
JENNIFER HEIER			
Nan	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of P.O. Box 6	n Section f Corporations 327	Registration Se Division of Co The Centre of T	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



19049 MURCOTT DRIVE WILLC

2022 JUL 18 AM 11: 27

(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 $\underline{MAY 9, 2022}$	and assigned
Florida document number L22000218234		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
<u></u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records. <u>en</u>	ter the name of the new registered
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 95, F.S. Or, if this document is
If Cha	nging Registered Agent, Signatu	re 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	BRETT HEIER	5600 ZIP DRIVE, SUITE 100, FT MYERS, FL 3390	05 ≣ Add
			□Remove
		-	□ Change
			∃Add
			□Remove
			□Change
 			
			□Remove
			□Change
			□Add
			□Remove
			□Cluange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

-	
_	
-	
=	
-	
-	
_	· · · · · · · · · · · · · · · · · · ·
_	2 =
-	107.2 × 10.5 × 1
-	
-	<u>න</u> දුරු න
_	
_	7. d.; 2
-	
-	
Note:	ive date, if other than the date of filing:
ne recor	d 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 led.
Dated	JUNE 9, 2022
	Signature of a member or authorized representative of a member

E''' E . 635.00