## 122000244765

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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C/ 8/28/2022

## **COVER LETTER**

TO:

	egistration Se livision of Cor			
SUBJECT		ntore Dr. LLC		
SUBJEC	ı:	Name of Lim	ited Liability Company	<del></del>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Gerard F. Wehle, Jr.		
			Name of Person	
		Drummond Wehle Yonge	LLP	
			Firm/Company	<del> </del>
		6987 East Fowler Avenue		
		-	Address	<del> </del>
Tampa, Florida 33617				
			City/State and Zip Code	
		jj@dwyfirm.com		
			to be used for future annual report not	ification)
For further	r information c	oncerning this matter, please co	all:	
Gerard F.	Wehle, Jr.		813 983-8000 at ( )	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 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)
	Tailing Addres Registration S		Street Address: Registration Se	ection
	Division of C		Division of Co	
F	P.O. Box 632	.7	The Centre of	Tallahassee
7	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 CTI 13 FT 12: 35

11519 Blaintore Dr. 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 and assigned		
Florida document number 1.22000244765	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
11519 Balintore Dr. LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_	
Enter new principal offices address, if applicable:	11519 Balintore Drive		
(Principal office address MUST BE A STREET ADDRESS)	Riverview, Florida 33579		
	<del></del>	_	
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, <u>enter the name of the new regis</u>	<u>tered</u>	
Name of New Registered Agent:  New Registered Office Address:	<del></del>	_	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	<b>-</b>	
		- -	
New Registered Office Address:	, FloridaZip Code	- -	
	, FloridaZip Code	_ _ _	

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
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an effective date is lis lote: If the date ins	ther than the date of ted, the date must be specife erted in this block does date on the Departmen	fic and cannot be prior not meet the applica	able statutory filing re		g.) Pursuant to 605.0207
record specifies a d l is filed.	elayed effective date, bu	it not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) 1	he 90th day after the
is theu.					
Inne 10		2022			
	The The	Lelel 1	· ·		
Inne 10	orwood Ill	Lelel 1	orized representative of a	member	

Filing Fee: \$25.00