

L22000252342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

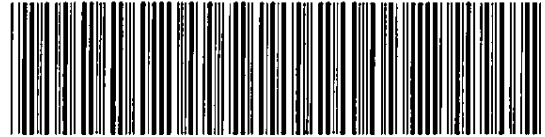
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
NOV 22 2024

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FILED  
2024 NOV -1 PM 1:25  
CLERK OF COURT  
J. HORNE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YONGE ADELAIDE, 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:

JODI R GILLMAN

\_\_\_\_\_  
Name of Person

YONGE ADELAIDE, LLC

\_\_\_\_\_  
Firm/Company

3841 PADDINGTON PL

\_\_\_\_\_  
Address

SAINT AUGUSTINE, FL 32092

\_\_\_\_\_  
City/State and Zip Code

TAXMASTER@ICLOUD.COM

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

For further information concerning this matter, please call:

JODI R GILLMAN

480 235-0928  
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

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

*Yonge Adelside, LLC*

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

FILED  
2024 NOV -1 PM 1:25

The Articles of Organization for this Limited Liability Company were filed on JUNE 1, 2022 and assigned  
Florida document number L22000252342.

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)

701 MARKET STREET, SUITE 101

SAINT AUGUSTINE, FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3841 PADDINGTON PL

SAINT AUGUSTINE, FL 32092

**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:

JODI R GILLMAN

New Registered Office Address:

3841 PADDINGTON PL

*Enter Florida street address*

SAINT AUGUSTINE

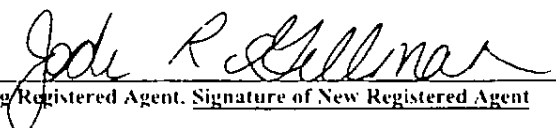
*City*

Florida 32092

*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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ADDRESS OF PERSON AUTHORIZED TO MANAGE LLC IS:

3841 PADDINGTON PL

SAIT AUGUSTINE, FL 32092

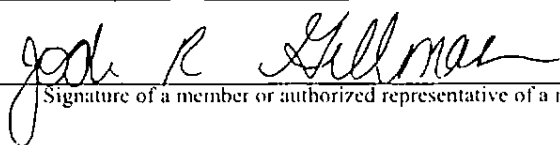
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in 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's records.

If the record 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 record is filed.

Dated OCTOBER 30, 2024



Signature of a member or authorized representative of a member

JODI R GILLMAN

Typed or printed name of signee

**Filing Fee: \$25.00**

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

ADDRESS OF PERSON AUTHORIZED TO MANAGE LLC IS:

3841 PADDINGTON PL

SAIT AUGUSTINE, FL 32092

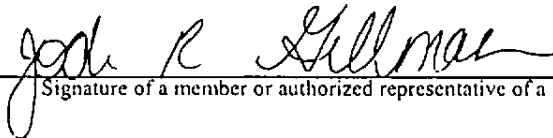
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

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