## LL2000293007

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



200390135272

2022 JUL -8 PH 6: 41

07/08/22--01015--023 \*\*25.00

OCT 4 7027 S. PRATHI-

## **COVER LETTER**

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| FLORI                             | DA PRO REAL ESTATE LLC                       |   |   |  |  |  |
|-----------------------------------|--|---|---|--|--|--|
| SUBJECT:                          | Name of Lin                                  | nited Liability Company   |   |  |  |  |
| The enclosed Articles             | s of Amendment and fee(s) are sub            | omitted for filing.   |   |  |  |  |
| Please return all corre           | espondence concerning this matter            | to the following:   |   |  |  |  |
|                                   | James Mergenthaler                           |   |   |  |  |  |
|                                   |  | Name of Person  |   |  |  |  |
|                                   |  | Firm/Company  |   |  |  |  |
|                                   | 114 Water Chase Ct                           |   |   |  |  |  |
|                                   | <del></del>                                  | Address   |   |  |  |  |
|                                   | Davenport, FL 33897                          |   |   |  |  |  |
|                                   |  | City/State and Zip Code   |   |  |  |  |
|                                   | JIMMERGENTHALER@0                            |   |   |  |  |  |
|                                   | E-mail address: (                            | to be used for future annual report not                               | ification)  |  |  |  |
| For further information           | on concerning this matter, please c          | all:  |   |  |  |  |
| Jim Mergenthaler                  |  | 407 6944927<br>at ( )   |   |  |  |  |
| Nan                               | ne of Person                                 |   | ne Telephone Number   |  |  |  |
| Enclosed is a check fo            | or 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
| <u>Mailing Add</u><br>Registratio | <del></del>                                  | Street Address:<br>Registration Se                                    | ction   |  |  |  |
| _                                 | f Corporations                               | Division of Corporations  |   |  |  |  |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | •  | <u> </u>          |
|---|--|-------------------|
| (Name of the Limited Liability Company as it no   | w appears on our records.)   | 2022              |
| (A Florida Limited Liability Co   | mpany)   | <u>.</u>          |
|   |  | ;≡                |
| The Articles of Organization for this Limited Liability Company were filed  | d on 6/29/2022 and a   | •                 |
|   | d 011 and a  | resisfica .       |
| Florida document number L22000293007  | •  | . ~               |
|   | ع شمر  | 6: 41<br>PH 6: 41 |
| This amendment is submitted to amend the following:   | in in the second of the second | ن ف               |
| ins anchancia is submitted to affected the following.   |  |                   |
| A 10 . 11   |  | · —               |
| A. If amending name, enter the new name of the limited liability comp   | pany here:   |                   |
|   |  |                   |
|   |  |                   |
| he new name must be distinguishable and contain the words "Limited Liability Compan   | y," 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:   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  |                   |
|   |  | V. 41             |
|   |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)   |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address of  |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:                                 |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: | n our records, <u>enter the name of the n</u>  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: |  |                   |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: | n our records, <u>enter the name of the n</u>  |                   |
| New Registered Office Address:  | n our records, <u>enter the name of the n</u><br>Enter Florida street address<br>, Florida   | ew registe        |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address or gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address: | n our records, enter the name of the n   | ew registe        |

ew Registered Agent's Signature, if changing Registered Agent

CLODIDA DDO DEAL CCTATELLO

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>           | Type of Action                    |
|--------------|------------------|--------------------------|-----------------------------------|
| MGR          | LAMPKIN, ARDELIA | 7406 EVENING PRIMROSE CT | □ Add                             |
|              |                  | TAMPA. FL 33619          | <b>□</b> D                        |
|              |                  |                          | □Change                           |
|              |                  |                          | □Add                              |
|              |                  | <del></del>              | □Remove                           |
|              |                  |                          | □Change                           |
|              |                  |                          | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
|              |                  |                          | Remove                            |
|              |                  |                          | □ Change                          |
|              |                  |                          | □Add                              |
|              |                  |                          | □Remove                           |
|              |                  |                          | □Change                           |
|              |                  |                          | □Add                              |
|              |                  |                          | □Remove                           |
|              |                  |                          | □Change                           |
|              | <del></del>      |                          |                                   |
|              |                  |                          | □Remove                           |
|              |                  |                          | Change                            |

| D. If amending any other inform  | • | <b>G</b> -(-)                         | (                                     | ,                                     | <b>y</b>       |                |                                   |
|--|---|---------------------------------------|---------------------------------------|---------------------------------------|----------------|----------------|-----------------------------------|
|  | ······································  |                                       |                                       |                                       |                |                | <del></del>                       |
|  |   |                                       |                                       |                                       |                |                |                                   |
|  |   |                                       |                                       |                                       |                | -              | <del></del>                       |
|  | · · ·                                   |                                       |                                       |                                       | · •            |                |                                   |
|  |   |                                       |                                       |                                       |                | <del>.</del>   | <del></del>                       |
|  |   |                                       |                                       |                                       |                |                |                                   |
|  |   |                                       |                                       |                                       |                |                |                                   |
|  |   |                                       |                                       |                                       |                |                | <del></del>                       |
| •  |   |                                       | · · · · · · · · · · · · · · · · · · · |                                       |                |                |                                   |
|  |   |                                       |                                       |                                       |                |                | <del></del>                       |
| <del></del>  | · · · · · · · · · · · · · · · · · · ·   |                                       |                                       |                                       |                | ··             |                                   |
|  |   |                                       |                                       |                                       |                |                |                                   |
|  |   | ···                                   |                                       |                                       |                | · ·            |                                   |
|  |   |                                       |                                       |                                       |                |                |                                   |
|  |   |                                       |                                       |                                       |                |                |                                   |
|  | <del> </del>                            |                                       |                                       |                                       |                |                |                                   |
|  | <del></del>                             | ·-                                    |                                       | · · · · · · · · · · · · · · · · · · · | <u>-</u>       | <u> </u>       |                                   |
|  |   |                                       |                                       |                                       | <del> </del>   | <del></del>    |                                   |
| . Effective date, if other than th   | e date of filin                         | 06/29/2022                            |                                       |                                       | (optiona       | l)             |                                   |
| (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I | ist be specific an<br>lock does not i   | d cannot be prior<br>meet the applica | able statutory fil                    | more than 90 daing requiremen         | ys after filin | g.) Pursuant t | o 605.0207 (3)<br>e listed as the |
| the record specifies a delayed effecti   | ve date, but no                         | t an effective ti                     | me, at 12:01 a.m                      | n. on the earlie                      | r of: (b) - 1  |                | after the                         |
| cord is fried.   |   |                                       |                                       |                                       |                | 7.             | 2022                              |
| Dated  |   | 2022                                  | <u> </u>                              |                                       |                |                | <b>2022</b> JUL -8                |
|  | - 11                                    | 1                                     |                                       |                                       |                |                | 8                                 |
|  | Signature of a                          | member or autho                       | rized representati                    | ve of a member                        |                | ,              | - TP                              |
| JAMES MERGENTH   | ALER                                    |                                       |                                       |                                       |                |                | ę: <del>լ</del>                   |

Typed or printed name of signee