L22 000 384 099

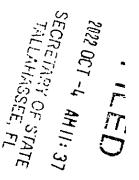
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	
` ,	•	•
PICK-UP	☐ WAIT	MAIL.
(Bus	siness Entity Name	e)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
		
Special Instructions to F	Filing Officer:	





900395268289

10/04/22--01014--005 **25.00



٠.		COVER LETTER	
TO: Registration Se	ection		•
		¥	
	AY PROPERTIES LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THOMAS NOWICKI		
SIBSTA KAY PROPERTIES 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: THOMAS NOWICKI Name of Person LAW OFFICE OF RYSZARD BOLKO PLLC Firm/Company 1825 NW CORPORATE BLVD 110 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code RICHARD/6/BOLKOLAW.COM E-mail address: to be used for future annual report notification) For further information concerning this matter, please call. RICHARD BOLKO Name of Person Soft Soft-Soft-1277 at 1 Area Code Daytime Telephone Number Eaclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} & \text{Certificate of Status} & \text{Certificate Copy} \text{Certificate of Status} & \tex			
	Registration Section Division of Corporations SIESTA KAY PROPERTIES LLC Name of Limited Liability Company anclosed Articles of Amendment and fee(s) are submitted for filing the return all correspondence concerning this matter to the following: THOMAS NOWICKI Name of Person LAW OFFICE OF RYSZARD BOLKO PLLC Firm/Company 1825 NW CORPORATE BLVD 110 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code RICHARD@BOLKO_AW.COM E-mail address: too be used for future annual report notification) surther information concerning this matter, please call. IIIARD BOLKO Name of Person Name of Person Daytime Telephone Number Division of Corporations P.O. Box 6327 Sirvet Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee		
		OPERTIES LLC Name of Limited Liability Company Iment and fee(s) are submitted for filing. Proceedings of Person Name of Pe	
	1825 NW CORPORATE F		
FO: Registration Section Division of Corporations SIBSECT: SUBJECT: Name of Limited Liability Company SIBSTA KAY PROPERTIES LLC Name of Limited Liability Company Please return all correspondence concerning this matter to the following: THOMAS NOWICKI Name of Person LAW OFFICE OF RYSZARD BOLKO PLLC Fram/Company 1825 NW CORPORATE BLVD 110 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code RICHARD & BOLKO E-mail address: to be used for future annual report notification) For further information concerning this matter, please call. RICHARD BOLKO Name of Person Area Code S61 Area Code S60 Certificate of Status Certificate of Status Certificate of Status Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee			
	ration Section on of Corporations ESTA KAY PROPERTIES LLC Name of Limited Liability Company rticles of Amendment and fee(s) are submitted for filling I correspondence concerning this matter to the following: THOMAS NOWICKI Name of Person LAW OFFICE OF RYSZARD BOLKO PLLC Firm/Company 1825 NW CORPORATE BLVD 110 Address BOCA RATON, FLORIDA 33431 City/State and Zip Code RICHARD(e)BOLKOLAW.COM E-mail address: tto be used for future annual report notification) remation concerning this matter, please call. LKO Name of Person 1561 Sol-516-1277 Area Code Certificate of Status Certificat Copy (additional copy is enclosed) 28 Address: I ration Section Registration Section Division of Corporations		
	BOCA RATON, FLORIDA		
	R{CHARD@BOLKOLAW		
	=		(fication)
For further information c	oncerning this matter, please co	ali.	
RICHARD BOLKO			77
Name o	l'Person		ne Telephone Number
Enclosed is a check for it	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
-			
P.O. Box 632	.7	The Centre of T	Fallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIESTA KAY PROPERTIES LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany ny it now appears on our records.; ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.22000384099	pany were filed on 08/31/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SIESTA KEY PROPERTIES LLC		
The new name must be distinguishable and contain the words "Limited L	aability Company," the designation "LLC" or the a	phreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	20 2
		7 CF 2 T
		A STATE
Enter new mailing address, if applicable:		TARY OF
(Mailing address MAY BE A POST OFFICE BOX)		
		ST ST
		7 2 3
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
- '- '1	City	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 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>	Name	Address	Type of Action
			□Remove
		□Change	
			□Add
			☐Remove
			Change
		□Add	
		·	□Remove
			Change
			□Add
		·	□Remove
		·	☐ Change
			□Add
		□Remove	
		·	Change
			□Add
			□Remove
			[iChange

		
		_
		
		_
ective c	ite, if other than the date of filing: (optional)	
	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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	
cument's	effective date on the Department of State's records.	
ecord spe is filed.	fifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
ted	Signature of a member or authorized representative of a member	
	1 homas Note the	

Typed or printed name of signee