

(((H23000157675 3)))



H230001576753ABC3

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAIMY THOMPSON, P.L.

Account Number : I20090000014 Phone : (941)907-3999 : (941)896-4812 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: raltiere@najmythompson.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 109 7TH ST LLC

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COVER LETTER

Fax Audit No. (H23000157675 3)

TO: Registration Solivision of Co.				
109 7TH S	STLLC			
SCHIECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
	ondence concerning this matter			
	Rainier Altiere, Esq.			
		Name of Person		
	Najmy Thompson, P.L.			
		Finti/Company		2023
	1401 8th Avenue West			APR
		Address		2029 APR 27 AM 10: 22
	Bradenton, FL 34205			
		City/State and Zip Code		35. 5
	raltiere@najinythompson.c			\$E 22
m. f. die of emilian			ication)	
	oncerning this matter, please o			
Rainier Altiere, Esq.		941 748-2216 at () Area Code Daytime		
Name o	rî Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ 560.00 Filing Fet Certificate of Str Certified Copy (additional copy is e	itus &
Mailing Addres Registration 5	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Corp The Centre of T		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Fax Audit No. (H23000157675 3)

109 7TH ST LLC		
(<u>Name of the Limited Liability Com</u> (A Fiorida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number 1.22000459863	ny were filed on 10/26/2022	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the	: abbreviation "L. U.C."
Enter new principal offices address, if applicable:		2023
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		77 <u>3</u> 7
(Mailing address MAY BE A POST OFFICE BOX)); 22
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the u</u> z	ime of the new registered
Name of New Registered Agent:	,	
New Registered Office Address:	Enter Florida street address	
	, Florida	
		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

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	SHAWN T KALETA	PO BOX 1726	UAdd
		BRADENTON, FL 34206	
			ElChange
MGR	ROMAN ECKERT	7255 BEE RIDGE RD	
		SARASOTA, FL 34241	
			☐Change 203 AP
<u></u>			27 337
			[]Add
			□Remove
			IlChange
 			
			DRemove
			ClAdd
			DRemove
Fax A	udit No. (H23000157675-3)		□Change

<u> </u>		

Fax Audit No. (H23000157675 3)

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	20 27 30 30 30 30 30 30 30 30 30 30 30 30 30
fective date, if other than the date of filing: un effective date is listed, the date must be specific and cannot be prior to date of filing ote: If the date inserted in this block does not meet the applicable statutory becoment's effective date on the Department of State's records.	gor more than 90 days after filing) Pursuant to 605 029

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

2023

record is filed.

Dated __ APRIL 27

Rainier Altiere, Esq.

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

Fax Audit No. (H23000157675 3)

Filing Fee: \$25.00

Typed or printed name of signee

member of authorized representative of a member