Lorida Department of

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(((H23000038233 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAJMY THOMPSON, P.L.

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

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 319 TARPON LLC

Certificate of Status	0
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Page Count	04
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COVER LETTER

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TO: Registration Se Division of Con		,	•
319 TARP	ON LLC		
SUBJECT,	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matte:	to the following:	
	LOUIS NAJMY		
		Name of Person	
	NAJMY THOMPSON, P.		
		Firm/Company	, his 950 700 - 100 - 100
	1401 8th Ave W		
		Address	
	Bradenton, FL 34205		
		City/State and Zip Code	
	cara@beachtobayliving.cor	n To be used for future annual report not	(Postian)
For further information c	oncerning this matter, please c	·	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
		,a ca	ie retephone (vanise)
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	etion
Division of C		Division of Co	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

H23000038233 3

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

H23000038233 3

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION
OF

On the Part of the		
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000014685	were filed on 1/6/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
204 Coolidge Dr LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9801 GULFDRIVE, SUITE 5	
Principal office address MUST BE A STREET ADDRESS)	Anna Maria. FL 34216	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new regis
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
1707 Registered Office / Ridicos.	Para Plant and Advan	
	Enter Florida street address , Florida	5. 6. 5. 3. 3.

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: 1123000038233 3

MGR = Manager AMBR = Authorized Member

AMBK-	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			☐Add
			□Remove
			DChange
			⊡Add
		□Remove	
			□Change
			□Add
		*	□Remove
			□Change
			□Remove

). II amei	ading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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Note: If	e date, if other than the date of filing:
he record : ord is filed	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
Dated _	Jan 30 2023
	Signature of a member or authorized representative of a member
	PATRICK G. BRYANT Typed or printed name of signee

Filing Fee: \$25.00