

L23 0000523 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

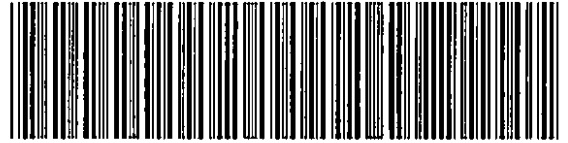
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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01/22/24--01016--025 **25.00

2024 JAN 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 633 PEACHWOOD DR, 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:

Anthony Daviero

Name of Person

633 PEACHWOOD DR, LLC

Firm/Company

3911 Orange Lake Dr.

Address

Orlando, FL 32817

City/State and Zip Code

tdaviero@nursestaffing.net

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

For further information concerning this matter, please call:

Adam O. Kirwan

407

210-6622

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

SECRETARY OF DEFENSE

2025 JAN 22 AM 10:10

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

633 PEACHWOOD DR. LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/27/2023 and assigned
Florida document number L23000052364.

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)

3911 Orange Lake Dr.

Orlando, FL 32817

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3911 Orange Lake Dr.

Orlando, FL 32817

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:

5D Management, LLC

New Registered Office Address:

3911 Orange Lake Dr.

Enter Florida street address

Orlando

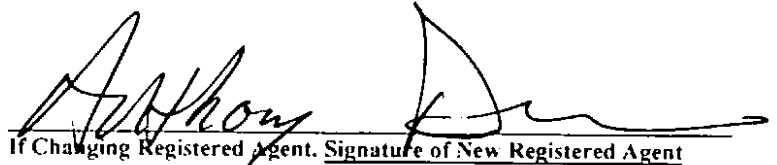
City

Florida 32817

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.


Anthony
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>	<u>Type of Action</u>
MGR	5D Management, LLC	3911 Orange Lake Dr.	<input checked="" type="checkbox"/> Add
		Orlando, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Daviero	2003 Lake Howell Ln	<input type="checkbox"/> Add
		Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF THE STATE
JAN 22 AM 10:10
2021

2024 JAN 22 AM 10:10
SECRET//NOFORN
TILL 10/10/2024


SECRET
TTL

2026 JAN 22 AM 10:10

(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)

Dated

2/11/2024



Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00