

L23000074665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

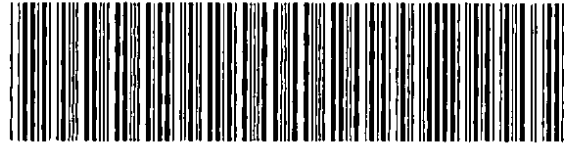
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800410566098

05/20/22 01:02 PM 012 4425.00

20 JUN 20 11:36

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: EMBASSY VILLAGE DEVELOPMENT 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:

TREVOR BANKS, JR

Name of Person

EMBASSY VILLAGE DEVELOPMENT LLC

Firm/Company

405 IXORIA AVENUE

Address

FORT PIERCE, FL 34982

City/State and Zip Code

information@trbanks.com

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

For further information concerning this matter, please call:

Trevor Banks, Jr

772 at (            )

979-0363

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

2017 JUN 20 11:36

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

EMBASSY VILLAGE DEVELOPMENT 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 2/2023 and assigned  
Florida document number L23000074665.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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>
MBR	Banks Sr. Trevor	405 Ixoria Avenue	<input type="checkbox"/> Add
		Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Banks, Martha	405 Ixoria Avenue	<input type="checkbox"/> Add
		Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Harrison, Natasha	405 Ixoria Avenue	<input type="checkbox"/> Add
		Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Banks Jr. Trevor	405 Ixoria Avenue	<input type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Resurrection Life Community & Ec	405 Ixoria Avenue	<input type="checkbox"/> Add
		Fort Pierce, FL 34982	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 record is filed.

  
Signature of a member or authorized representative of a member

Trevor Banks, Jr  
Typed or printed name of signee

**Filing Fee: \$25.00**

D- ID: A561875-144 310 # " 56 105984-1 0 0 300: