23000116933

(Requestor's Name)
(Address)
(Address)
,
(A) (A) (B) (B)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Dusiness Chury Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400403987414

03/17/23--01002--016

2823 MAR 17 AH 8: 47

RECFIVED

- 17 2023

DocuSign Envelope ID: B48CAC99-1C41-449E-BA23-D541/403F98E COVER LETTER

TO:	Registration So Division of Co					
SUBJE	J 1784	iai Way LLC				
SUBJE	C1:	Name of Limit	led Liability Company			
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filing			
Please re	eturn all correspo	ondence concerning this matter t	o the following:			
	Silverio Onorato					
			Name of Person			
			Firm/Company			
		1005 SE 10TH TERRACE				
		Address				
		CAPE CORAL, FL 33990				
			City/State and Zip Code			
		silverioonorato@hotma				
		E-mail address: (to	be used for future annual repo	rt notification)		
For furth	her information o	concerning this matter, please ca	II:			
Silverio	Onorato		239 834-70	<u></u> .		
	Name o	of Person	Area Code D	aytime Telephone Number		
Enclosed	d 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	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration		<u>Street Addre</u> Registratio			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32203

DocuSign Envelope ID: B48CAC99-1C41-449E-BA23-D5417403F98E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7025 Crystal Way LLC	2622 HAD	17. 14.0-4-7
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records, ted Liability Company)) / All 0: 47
The Articles of Organization for this Limited Liability Comparisona document number <u>L22000116022</u>	any were filed on $\frac{03/06/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	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	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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.

DocuSign Envelope ID: B48CAC99-1C41-449E-BA23-D541/403F98E in amending Authorized rerson(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

Title	Name	Address	Type of Action
AMBR	Reece Bowers	3849 Acline Rd Unit 116	≣Add
		Punta Gorda Fl 33950	⊟Remove
			□Change
			Remove
			⊔Change
			□ Add
			□Change
			⊔Add
		.	□Remove
			⊔Change
			□Add
			⊔Remove
		-	Change
			UAdd
			Change

				
·				
 		· -·		
		<u></u>		
		- <u></u>		
		.=		
-			<u> </u>	
ective date, if other than the dat n effective date is listed, the date must be s	e of filing:	r to date of filing or more	(optiona than 90 days after filir	i) e.) Pursuant to 605.020
ne: Ti the date inserted in this block (does not meet the appil	cable statutory filling r	equirements, tins da	e wiii not be listed a
cument's effective date on the Depart	iment of State's records	5.		
ecord specifies a delayed effective dans is filed.	e, out not an effective i	ame, at 12.01 a.m. on	the earner of: (b)	ne som day aner me
ted March 16,	2023			
icu	 ' -	 ·		
DocuSigned by:				
Silverio Onorato				
Silverio Onorato	nature of a member or auth	iorized representative of	a member	