

123000156751

(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:

J. HORNE
MAY 15 2023

Office Use Only



800408655708

FILED



2023 MAY 12 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAY 12 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$25.00

AUTHORIZATION SIGNATURE: 

LDFLORIDAREALTY LLC L23000156751

BUSINESS (Name)

Document #

 Certified Copy of articles

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not For Profit
 INC.
 Limited Liability

 Domestication
 Other
 CORP
 LLLP

AMENDMENTS

 X Amendment
 Statement of Fact

 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name

 APOSTILLE
 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership
 Reinstatement

 Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$25.00

AUTHORIZATION SIGNATURE: 

LDFLORIDAREALTY LLC L23000156751

BUSINESS (Name)

Document #

☐ Certified Copy of articles

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not For Profit

☐ INC.

☐ Limited Liability

☐ Domestication

☐ Other

☐ CORP

☐ LLLP

AMENDMENTS

☒ Amendment

☐ Statement of Fact

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ☐ Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LDFLORIDAREALTY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT LANDON

Name of Person

Firm Company

5605 CELEBRATION DR

Address

AVE MARIA, FL 34142

City, State and Zip Code

rlandon060606@comcast.net

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

For further information concerning this matter, please call

ROBERT LANDON

410 530-5200

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LDELORIDAREALTY LLC

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

FILED
2023 MAY 12 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/28/2023 and assigned
Florida document number L23000156751

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:

ROBERT LANDON

New Registered Office Address

5605 CELEBRATION DR

Enter Florida street address

AVE MARIA

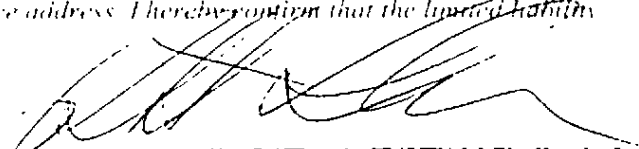
Florida 34142

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

[illegible]

[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

Typed or printed name of signee

Filing Fee: \$25.00