

L23000231885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

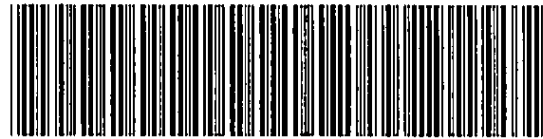
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800409046438

RECEIVED
2023 MAY 20 AM 9:20
STATE OF FLORIDA
TALLAHASSEE

RECEIVED
2023 MAY 22 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN - 5 2023

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$30.00

Authorization Signature: *Jan F. [Signature]* :

3580 SOUTH OCEANSHORE BOULEVARD, LLC L23000231885

BUSINESS NAME DOCUMENT #

☐ Copy of Articles of Incorporation

☒ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

X Amendment

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

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

48

2023 JUN -7 PM 1:41

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

3580 South Oceanshore Boulevard, LLC

(Name of the Limited Liability Company as it now appears on our records) MAY 20 AM 9:26
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2023 and assigned
Florida document number 1.23000231885

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

3580 ASB LLC
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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated May 19, 2023

DocuSigned by:

Laura L. Palmer

50-15078-31820-5276

Signature of a member or authorized representative of a member

Laura L. Palmer

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: 3580 SOUTH OCEANSHORE BOULEVARD, LLC
Ref. Number: L23000231885

We have received your document for 3580 SOUTH OCEANSHORE BOULEVARD, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is P16000072898.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 223A00011736



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2023

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Anissa Butler
Regulatory Specialist II

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Division of Corporations

May 23, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

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Ref. Number: L23000231885

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