

L23000243251

(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
AUG 14 2023

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07/05/23--01011--021 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

23 JUL -5 PM 1:18

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIERRA DE ADAM, 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:

Ronald Keith Lawn, Esquire

Name of Person

Lawn & LeBlanc, PLLC

Firm/Company

5070 Highway A1A, Suite 221

Address

Vero Beach, FL 32963

City/State and Zip Code

ronnie@verobeachlawgroup.com

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

For further information concerning this matter, please call:

Ruby Lee Bright

772 485-9958
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
23 JUL -5 PM 1:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Port St. Lucie, FL 34952

_____, Florida _____
City Zip Code

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 | Eve Pickart | 1430 4th Court | <input type="checkbox"/> Add |
| | | Vero Beach, FL 32960 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Ruby Lee Bright | 602 Willows Ave. | <input checked="" type="checkbox"/> Add |
| | | Port St. Lucie, FL 34952 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[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.

28 _____, 2023

 ATTORNEY & REGISTERED AGENT
 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00