L23000256879

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<u></u> ≘ #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY FIGURE INCOME.



COVER LETTER

TO:	Registration Se Division of Cor			
erib ir		TOR CREEK BLVD, LLC		
SUBJE	⊌]; <u></u>	Name of Lim	nted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ro	cturn all correspo	ndence concerning this matter	to the following:	
		NANCY FIORE		
			Name of Person	
			Firm/Company	
		2147 WALDEMERE ST		
		- · · · · ·	Address	
		SARASOTA, FLORIDA 3	34239	
		nancy.tiore123@gmail.com	City/State and Zip Code	
		= -	to be used for future annual report no	tification)
For furth	ner information c	oncerning this matter, please ca	all:	
NANCY	FIORE		<u>at (248)</u> 917	1786
	Name of	f Person	Area Code Daytii	me Telephone Number
Enclosed	I is a check for th	ne following amount:		
■ \$25.	.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	<u>s:</u> Luction	Street Address:	ection

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 32303



December 9, 2023

NANCY FIORE 2147 WALDEMERE ST SARASOTA, FL 34239

SUBJECT: 7701 S GATOR CREEK BLVD, LLC

Ref. Number: L23000256879

We have received your document for 7701 S GATOR CREEK BLVD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return the corrected original and one copy of 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.

Letter Number: 623A00028079

Valerie Herring Regulatory Specialist III Internet Support

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ()F

(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited I Florida document number L23000256879	iability Company	were filed on $\frac{05/25/2}{}$	023	a	nd assi	gned
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or t	he abbrevia	tion "L.I	C."
Enter new principal offices address, if applicable:		2147 WALDEMERE STREET				
(Principal office address MUST BE A STREET ADDRESS)		SARASOTA, FLOR	- 1 66	2024		
Enter new mailing address, if applicable:		2147 WALDEMERI	STREET	CINETAR? LIAHASS	JAN 29	;
(Mailing address MAY BE A POST OFFICE BOX)		SARASOTA, FLOR	IDA 34239	171 C	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:		ds, <u>enter the</u>	RDE name of t	タ いり he new	registere
Name of New Registered Agent:	NANCY FIOR	<u> </u>				
New Registered Office Address:	2147 WALDER	MERE STREET	<u> </u>			
		Enter Florida s	treet address			
	SARASOTA		Florida	34239		
		City		Zip	Code	

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>	Address	Type of Action
MGR	ANDREW W ROSIN	1966 HILLVIEW STREET	□Add
		SARASOTA, FL 34239	= Remove
			□Change
MGR	NANCY FIORE	2147 WALDEMERE STREET	≣ Add
		SARASOTA, FLORIDA 34239	□Remove
			□Change
			□Add
			□Remove
			Change
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fective date, if other th	an the date of fili	ng:		(option:	
in effective date is listed, the opte: If the date inserted in	this block does not	meet the applicab			
cument's effective date or	n the Department of	State's records.			
ecord specifies a delayed	effective date but n	ot an effective tim	e at 12:01 a mion t	he earlier of: (h)	The 90th day after the
is filed.					and some any arrest and
ned Novemb	ver 17	2022) 		
	_ 1	7	•		
ned Novemb	Signature of	a member or authori	zed representative of a	member	

Filing Fee: \$25.00