

L23000308973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

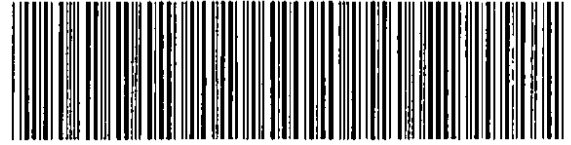
(Document Number)

Certified Copies _____ Certificates of Status _____

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07/14/23--01008--005 **25.00

FILED
23 JUL 14 PM 12:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

Cover Letter - Amendment

Daytime ph: 904-307-0086

David Klefeker

Return Address

740 4th Street N.

#139

St. Pete FL 33701

TO: Registration Section
Division of Corporations

SUBJECT: _____

Courtyard 50 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:

Dane Lawrence
Name of Person

Jacana Real Estate
Firm/Company

611 S Fort Harrison Ave Suite 412
Address

Clearwater FL 33755
City/State and Zip Code

Controller@Jacanaonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul David Klefeker at 904 307 0086
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

FILED
23 JUL 14 PM 12:34
U.S. DISTRICT COURT
MIDDLE DISTRICT OF FLORIDA
MIAMI
b3

(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."

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR Clearcardia Investments LLC 600 East Simpson Ave. ☐ Add
#2869 ☒ Remove
Jackson, WY 83001 ☐ Change

MGR	F & S Homes LLC	14425 CR 737	<input type="checkbox"/> Add
		Webster, FL 33597	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR River Street Properties 740 4th Street N. ☐ Add
LLC # 139 ☐ Remove
St. Pete FL 33701 ☐ Change

☒ Add ☐ Remove

☐ Change ☐ Add

☐ Add
☐ Remove
☐ Change

_____ ☐ Change
 _____ ☐ Add
 _____ ☐ No

_____ ☐ Remove

_____ ☐ 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 July 12th 2023

Signature of a member or authorized representative of a member

Paul David Klefeker
Typed or printed name of signee