

L23000439221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

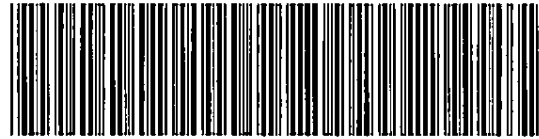
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**WALK IN**

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**CERTIFIED COPY** \_\_\_\_\_

**XX PHOTOCOPY** \_\_\_\_\_

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**XX FILING LLC AMEND** \_\_\_\_\_

**1. AMERICANO ORMOND OPERATOR LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**3.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**4.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)P

**5.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**6.**

\_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Americano Ormond Operator 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:

Jody D. Radcliff  
Name of Person

Jody D. Radcliff CPA LLC  
Firm/Company

128 Orange Avenue, #204  
Address

Daytona Beach, FL 32114  
City/State and Zip Code

jody.radcliff@jodyradcliffcpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jody D. Radcliff at ( 386 ) 788-8680  
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**

Americano Ormond Operator LLC

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

**FILED**  
**2023 DEC 11 AM 11:05**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/21/2023

Florida document number L23000439221

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: Jody D. Radcliff CPA LLC

New Registered Office Address: 128 Orange Avenue, #204

*Enter Florida street address*

Daytona Beach Florida 32114

*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



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

Please add EIN to online Articles - 93-4289585.

FILED  
2023 DEC 11 AM 11:06  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

**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 December 8, 2023



Signature of a member or authorized representative of a member

Jeremy Jiran

Typed or printed name of signer

**Filing Fee: \$25.00**