

L23000541222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

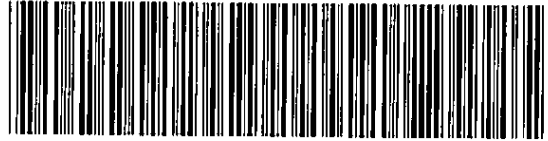
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 7005 RIVER HAMMOCK DR 406 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:

Christopher D. Smith

\_\_\_\_\_  
Name of Person

SmithLaw Attorneys PA

\_\_\_\_\_  
Firm/Company

1561 Lakefront Drive Unit 204

\_\_\_\_\_  
Address

Sarasota, FL 34240

\_\_\_\_\_  
City/State and Zip Code

smith@chrissmith.com

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

For further information concerning this matter, please call:

Christopher D Smith

941 202-2222  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee;<br>Certificate of Status &<br>Certified Copy<br>(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

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12-18

**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>
AMBR	Christopher T. Klein	5620 Tara Blvd STE 202	<input type="checkbox"/> Add
		Bradenton, FL 34203	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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FBI  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

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

This amendment is for the sole purpose of correcting a misspelling in the name of the sole member, which initially indicated an incorrect middle initial ("K" instead of "T")

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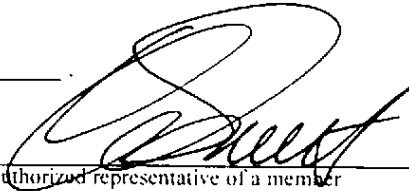
**E. Effective date, if other than the date of filing:** January 1, 2024 **(optional)**

(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 7 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Christopher Smith, attorney in fact for Christopher T. Klein, sole member

\_\_\_\_\_  
Typed or printed name of signee