L33000541222

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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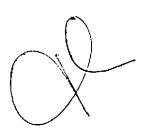




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COVER LETTER

Tallahassee, FL 32314

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70 SUBJECT:	005 RIVE	R HAMMOCK DR 406 LLC	
30 1 31.01		Name of Li	mited Liability Company
The enclosed A	rticles of a	Amendment and fee(s) are su	bmitted for filing.
		ndence concerning this matte	
		Christopher D. Smith	
			Name of Person
		SmithLaw Attorneys PA	
		-	Firm/Company
		1561 Lakefront Drive Un	it 204
			Address
		Sarasota, FL 34240	
			City/State and Zip Code
		smith@chrissmith.com	
			(to be used for future annual report notification)
For further infor	mation co	ncerning this matter, please c	2023
Christopher D S	mith		all: 202-2222 : DES
	Name of I	Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the	following amount:	72
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee: Certified Copy Certificate of Status & Certified Copy tadditional copy is enclosed) S60.00 Filing Fee: Certificate of Status & Certified Copy tadditional copy is enclosed)
Registr	Address: ration Se		Street Address: Registration Section Division of Corporations
P.O. Box 6327			The Centre of Tallahassee

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7005 RIVER HAMMOCK DR 406 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/6/2023 and assigned Florida document number L23000541222 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 "LLC" 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: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

_. Florida

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
AMBR	Christopher T. Klein	5620 Tara Blvd STE 202	
		Bradenton, FL 34203	□Remove
			Change
			□Remove
			□Change
			DE Change:
			B PAdd T T T T T T T T T T T T T T T T T T
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

indicated an incorrect middle ini	tial ("K" instead of "T")				
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e date, if other than the date tive date is listed, the date must be so the date inserted in this block on the Depart	pecific and cannot be prior does not meet the applic ment of State's records.	to date of filing or a able statutory filir	nore than 90 days after grequirements, th	ional) er filing.) Pursuais date will no	ot be lis
d specifies a delayed effective dat led.	e, but not an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th	day afte
December 7	. 2023		7) ,	,	
		// ///	See et		

Filing Fee: \$25.00