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Division of Corporations

**L23000559922**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BRICK BUSINESS LAW, P.A.  
Account Number : 120230000178  
Phone : (813)816-1816  
Fax Number : (813)692-1982

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: danielle.peynado@brickbusinesslaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
1425 62ND PLS LLC**

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JAN 30 2024

T. LEMIEUX

**COVER LETTER**

Fax Number : (850)617-6383

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 1425 62ND PLS 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:

**DANIELLE PEYNADO**

.....  
Name of Person

**BRICK BUSINESS LAW, P.A.**

.....  
Firm/Company

**3413 W FLETCHER AVE**

.....  
Address

**TAMPA, FLORIDA 33618**

.....  
City/State and Zip Code

**DANIELLE.PEYNADO@BRICKBUSINESSLAW.COM**

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

For further information concerning this matter, please call:

**DANIELLE PEYNADO**

**813**

**816-1816**

.....  
at ( )

.....  
Name of Person

.....  
Area Code

.....  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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**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

Fax Number : (850)617-6383

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax Number : (850)617-6383

1425 62ND PL S 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 JANUARY 1, 2024 and assigned  
Florida document number L23000559922.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PINELLAS POINT 2023, LLC

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)

4905 34TH ST. S

SUITE 340

SAINT PETERSBURG, FL 33711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4905 34TH ST. S

SUITE 340

SAINT PETERSBURG, FL 33711

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

Florida

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

29-Jan-2024 21:46 To: +18506176383

From: +18135442006 p. 4

Fax Number : (850)617-6383

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	ELIANNE MIMOUN	4905 34TH ST. S	<input type="checkbox"/> Add
		SUITE 340	<input type="checkbox"/> Remove
		SAINT PETERSBURG, FLORIDA 33711	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

29-Jan-2024 21:47 To: +18506176383

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

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 JANUARY 26 2024

Eliam M. Mendenhall

Signature of a member or authorized representative of a member

MIMOUN, ELLANNE - AMBR

Typed or printed name of signer

Fax Number : (850)617-6383

**Filing Fee: \$25.00**

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