

L24000013767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

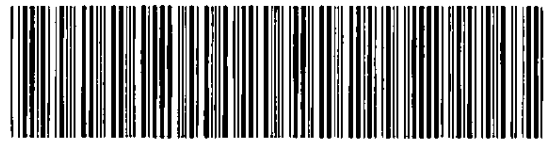
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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8/28/24
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2024 AUG 26 AM 11:23
CLERK OF COURT
STATE
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4GEN Properties 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:

Brian Polley

Name of Person

4GEN Properties LLC

Firm/Company

624 W Pipkin Road

Address

Lakeland, FL 33813

City/State and Zip Code

brianpolley6430@gmail.com

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

For further information concerning this matter, please call:

Brian Polley

217

201-9596

at ()

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

2024 AUG 26 AM 11:24
TALLAHASSEE, FL
STATE

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4GEN Properties 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 1/4/24 and assigned
Florida document number 1.24000013767.

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:

624 W Pipkin Road

(Principal office address MUST BE A STREET ADDRESS)

Lakeland, FL 33813

Enter new mailing address, if applicable:

624 W Pipkin Road

(Mailing address MAY BE A POST OFFICE BOX)

Lakeland, FL 33813

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:

624 W PIPKIN RD

Enter Florida street address

LAKELAND

City

Florida

33813

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

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24 AUG 26 PM 11:24
CLERK OF DISTRICT COURT
STATE OF 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>	<u>Address</u>	<u>Type of Action</u>
MGR	William Schiminski	340 Point Bluff Dr	<input type="checkbox"/> Add
		Decatur, Illinois 62521	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacqueline Schiminski	40 Point Bluff Dr	<input type="checkbox"/> Add
		Decatur, Illinois 62521	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Autumn Polley	624 W Pipkin Rd	<input type="checkbox"/> Add
		Lakeland, Florida 33813	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
TALLAHASSEE
SECRETARY OF STATE

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

(This area is crossed out with a large X, indicating no changes are being made.)

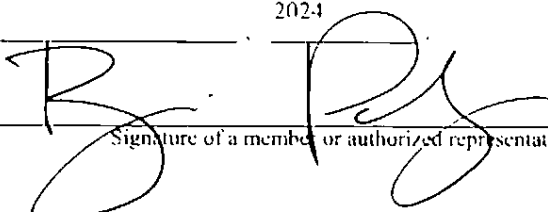
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 12, 2024


Signature of a member or authorized representative of a member

Brian Polley

Typed or printed name of signee

Filing Fee: \$25.00

STATE
FILED
2024 AUG 25 AM 11:24
FL

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