L24000021950

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Carina Cartification of Contra
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SENT VIA US MAIL

February 22, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: 11251 DEAN ST LLC

To Whom It May Concern:

Enclosed please find the following the above-referenced:

- Check #6081 payable to Florida Department of State in the amount of \$25.00 for LLC Amendment Filing Fee
- 2. Cover Letter
- 3. Signed Articles of Amendment to Articles of Organization of 11251 DEAN ST LLC

We also have retained a copy of this at our office.

Should you need any further information, please contact our office.

Sincerely,

Madi Cona

Administrative Assistant to Christopher Cona, Esq.

COVER LETTER

TO: Registration Section————————————————————————————————————			
SUBJECT:	ll2	TI Dean 5 T LLL ited Liability Company	
	Name of Lun	ned Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
		,	
		Name of Person	
		Name of Person	
	C	ONA LAW PLL	
		Firm/Company	
	7211	Airport Lond, suit	t 201
		Address	
	NA	la CI. 74IDE	
	10/17/1	les, fln 34105 City/State and Zip Code	
	<i>إ ن</i>	e Allien uniently to be used for future annual report potiti	on file
•	E-mail address: (to be used for future annual report fotif	ication)
For further information con-	erning this matter, please ca	all:	
Cha	CANA	at (<u>Z39</u>) <u>ZJY- 6</u> Area Code Daytimo	(812
Name of Pe	erson	Area Code Daytimo	Telephone Number
Enclosed is a check for the f	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
/ -	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
	\ \ \ \		
Mailing Address:	\ \	Street Address:	
Registration Sec	ction	Registration Sec	ction
Division of Cor	porations	Division of Cor	•
P.O. Box 6327	/	The Centre of T	
Tallahassee, FL	323/4		e Street, Suite 810
\		Tallahassee, FL	52303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Cor	Dean St LLL mpany as it now appears on our records. ted Liability Company))
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for Organization for the Organization for t	any were filed on $\frac{1/12/2}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	jability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	monity company are congustor and	
(Principal office address MUST BE A STREET ADDRESS	NA NA	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	īce address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	Flor	rida Zip Code
	City	лр Соае

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

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
<u>Ambr</u>	Twillingate Holdings Inc	1185 Kennedy Roal	□Add
		Brampton, ONTALIO, CA	-0B9-
			□Change
Ambr	TLNT Inc.	1320 RAil Head Blud #6	□Add
		Naples, Fla 34110	Remove
			□Change
MER	Thomas LAWrence	1320 RAil Head Mlvd. #6	, XAdd
		NAPLE, Pla 34110	Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			(3)

-	
r effective dat <u>te:</u> If the da	e, if other than the date of filing: Date of filing (optional) te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ate inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a fective date on the Department of State's records.
ecord specifi s filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	7/9/24