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COVER LETTER

		ion of Corp			f :		
eun tra			ILLIA BAY, LLC	¥	* •		
SORIFC	.l: _		Name of Lim	ited Liability Company			
The encl	osed a	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please re	turn a	all correspon	dence concerning this matter	to the following:			
			JONATHAN M. SMITH,	ESQ.			
				Name of Person			
			DUSS, KENNEY, SAFER	, HAMPTON & JOOS, PA		- 1	
			****	Firm/Company			
			4348 SOUTHPOINT BLV	D., SUITE 101			
				Address	<u> </u>		
			JACKSONVILLE, FL 322	16			
				City/State and Zip Code		tus &	
			jsmith@jaxfirm.com	_	·		
			E-mail address: (to be used for future annual report no	dification)		
For furth	er inf	ormation co	ncerning this matter, please ca	all:			
Jonathan	ı M. S	lmith, Esq.		904 543-4308 at ()			
		Name of	Person	Area Code Daytin	me Telephone Number		
Enclosed	lisao	check for the	e following amount:				
≣ \$25.0	00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc		
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Registration Section Division of Corporations				Registration Section Division of Corporations			
	P.O.	Box 6327	,	The Centre of	Tallahassee		
	Talla	ahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12727 CAMILLIA BAY, LLC		<u> </u>
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our re- ted Liability Company)	zords.)
The Articles of Organization for this Limited Liability Compa	any were filed on January 24, 20	and assigned
Florida document number L24000045557		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited !	iability company here:	
2727 CAMELLIA BAY, LLC		
he new name must be distinguishable and contain the words "Limited L	iability 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)	,
Frincipul Office uddress MOST BE A STREET ADDRESS	<u> </u>	
		
		•
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
		<u></u>
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our records, <u>en</u>	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	House
	enier r ioriaa sireet aa	uress
		, Florida
	City	zip Coae

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
			□Add
			□Remove
			Remove
			Change
	,		
			☐Remove
			Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of file	(optional)
te: If the date inserted in this block does not meet the applicable statuto	ry filing requirements, this date will not be listed a
ument's effective date on the Department of State's records.	
and a sife and the state of effective data has been as first in the state of 12:0	1 a m an the continue (h). The Ooth day of the thirty
cord specifies a delayed effective date, but not an effective time, at 12:0 s filed.	1 a.m. on the eartier of. (b) The 90th day after the
ed <u>May 8</u> . 2024. (
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1. AL D	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Signature of a marsher or authorized capeac	entative of a member
Signature of a member or authorized repres	entative of a member

Filing Fee: \$25.00