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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
сивитель 300	S DESOTO RD 1	10		
SUBJECT:	S DESOTO RD L Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ndence concerning this matter (	to the following:		
	MERCED	Name of Person		
		Firm/Company		
	2970 V4.	VERSITY PKWY SUIT Address	E 104	
	SARASOTA,	FL 34243 City/State and Zip Code EGA79@ YAHab.com	<del></del>	
	MERCEDES ORT	EGATIC YAHAR COM	(firstion)	
For further information of	concerning this matter, please ea			
MERCED	DES RIPOLL	at ( <u>941</u> ) <u>467</u> - Area Code Daytin	6/78	
Name C	of Person	Area Code Dayun	te Telefilone (Milloci	
Enclosed is a check for t	he following amount:			
X S25.00 Filing Fce	☐ \$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		Street Address: Registration Se Division of Co The Centre of	rporations	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3005 DESOTO ROLLC	
(Name of the Limited Liability Compa (A Florida Limited)	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000078611</u> .	were filed on 213-24 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	ollity company here:
2736 DESOTO ROLLC  The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	5 <del>4</del> .
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
	,
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	provided for in Chapter 605, F.S. Or, if this document is

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
			Change
<del></del>			□Add
			□Remove
			□Change
***	<u></u>		□Add
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			□Change
			□ Add
			□Remove
			□ Change
			∩Add
			□Remove
			Change

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: 6-1-24 (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 5-20

Filing Fee: \$25.00