

L24000082326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

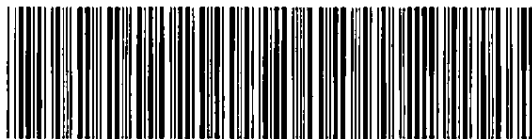
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800425583638

03/13/24--01009--012 **25.00

2024 MAR 13 PM 3:33

RONALD S. WEBSTER

COUNSELOR AT LAW

TELEPHONE: (239) 394-8999
FACSIMILE: (239) 394-3511

THE ESPLANADE
800 NORTH COLLIER BLVD., #203
MARCO ISLAND, FLORIDA 34145

E-MAIL: ron@ronwebster.com
INFO: www.ronwebster.com

March 7, 2024

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


RE: Crescent Beach 1100

Dear Sir or Madam:

Enclosed please find an Amendment to Articles of Incorporation relative to the above-mentioned LLC. Also enclosed is a check in the sum of \$25.00 representing the filing fee in this regard.

Should you have any questions relative to this matter, please do not hesitate to contact this office.

Sincerely,



Mary A. Fischer
Legal Assistant

MAA
enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRESCENT BEACH 1100
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:

Mary A Fischer
Name of Person
Law Office Ronald S. Webster
Firm/Company
800 N. Collier Blvd., #203
Address
MARCO Island, FL 34145
City/State and Zip Code
Mary@ronwebster.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary A Fischer at 239 394-8999
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

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

CRESCENT BEACH 1100

(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 FEBRUARY 15, 2024 and assigned Florida document number L24000082326.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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	JAMES C. KELLY TRUST DATED 11/14/2012	_____	<input type="checkbox"/> Add
		312 BLACKSTONE AVE. LA GRANGE, IL 60525	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	ALISON D. KELLY TRUST DATED 11/14/2012	_____	<input type="checkbox"/> Add
		312 BLACKSTONE AVE LA GRANGE, IL 60525	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	JAMES C. KELLY	312 BLACKSTONE AVE. LA GRANGE, IL 60525	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	ALISON D. KELLY	312 BLACKSTONE AVE. LA GRANGE, IL 60525	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

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.

March 1, 2024

ALISON D. KELLY

Type or printed name of agent

Filing Fee: \$25.00