

Electronic Filing Menu Corporate Filing Menu

Help

- р	lage: 2°of 5	2024-07-03 12:18:36 UTC÷14 COVER LETTE	18506176383 R	From: ZenBusiness User
	ion Section of Corporations			
Sunv:	ale Properties LLC		v ,	
SUBJECT:		Name of Limited Liability Company		
The enclosed Articl	les of Amendment and	Free(s) are submitted for filing.		
Please return all con	rrespondence concerni	ing this matter to the following:		
	Jonathan Ta	boada		
		Name of Person		
	ZenBusines	5 INC		2024
		Firan/Company		>2 > 2 5 11
	336 E. Colle	ge Ave Suite 301		FILED JUL-3 PH 12 ARETARY OF ST AHASSEELFLU
		Address		
	Tallahassee,	FL 32301		IL-3 PH 12: 37
	iulfillment@.	City/State and Zip Code renbusiness.com		107 107
		-mail address; (to be used for future annual r	eport notification)	
For further informat	ion concerning this m	atter, please call:		
c/o ZenBusiness IN	4C:	844 493	-6249	
Na	ame of Person	Area Code	Daytime Felephone Number	
Enclosed is a check	for the following amo	sust.		
■ \$25.00 Filing Fo	ce 🔲 \$30.00 Fili		Settificate (Sed) Certified Co	of Status &
Division o P.O. Box	on Section of Corporations	Division The Cen 2415 N.	tress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303	

To:

Page:13 of 5

2024-07-03 12:18:36 UTC+14 18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Survale 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 <u>67/02/2024</u> and assigned

Florida document number 1.24000088238

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 crutain the words "Limited Liabi	ity Company," the designation "1.1.0" or the abbreviation, "1.1.2.Cites
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	SIN 10
(Mailing address MAY BE A POST OFFICE BOX)	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	2
	, Fic	orida ZipCode

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To:

-	Page: 4	of 5
	I QUU. T	

2024-07-03 12:18:36 UTC+14

18506176383

From: ZenBusiness User

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

Title	Name	Address	Type of Action
AMBR	Mathew II Parsons	13271 Electron Dr	= Add
		FT. Myers, FL 33908	
		US	[]Change
			🖾 Add
			Remove
			L - 3 PH I2: 37
		<u> </u>	🖸 Add
			Change
			□ Add
		·	ElKemove
			Cl Change
			□Add
			🗆 Remove
			[]Change

18506176383

Ð	famending any other information	, enter change(s) here:	(Attach additional sheets, if necessary.)
---	---------------------------------	-------------------------	---

		<u></u>	
······································			22
		HASS	
	· · · · · · · · · · · · · · · · · · ·		ω Ι
			37
<u></u>			
<u>Note:</u> If the date inserted in t	n the date of filing: c must be specific and cannot be prior to date of filing or more his block does not meet the applicable statutory filing a the Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.020 requirements, this date will not be listed as	7 (3)(b) 5 the
If the record specifies a delayed of record is filed	fective date, but not an effective time, at 12:01 a m on	the carlier of: (b) The 90th day after the	
Dated	2024		
/s/Vincenzo Cartel			

Signature of a member or authorized representative of a member-

Vincenzo Cartelli, Member

Typed or printed name of signee

* Page: 5 of 5

Filing Fee: \$25.00