

L24000089087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

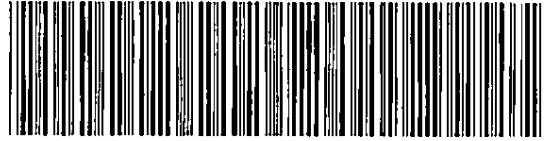
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J. HORNE
JUN 24 2024

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2024 JUN 21 PM 9:26

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JUN 21 2024
TALLAHASSEE, FLORIDA

2024 JUN 21 PM 2:55

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Park Road Duplex LLC

Please Debit FCA000000003 For: 30

Thank you Seth Neeley



- ☒ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☐ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☒ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☐ Cert. Copy _____
- ☐ Photo Copy _____
- ☒ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK ROAD DUPLEX LLC

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:

JAIME TAVERAS

Name of Person

2701 CLEVELAND AVENUE

Firm/Company

#140

Address

FORT MYERS, FL 33901

City/State and Zip Code

jaime@upwardhouse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME TAVERAS

239

737-1750

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ **Park Rd Duplex LLC**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PARK ROAD DUPLEX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUN 21 10:26

The Articles of Organization for this Limited Liability Company were filed on 02/20/2024 and assigned Florida document number L24000089087.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2701 CLEVELAND AVENUE

#140

FORT MYERS, FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2701 CLEVELAND AVENUE

#140

FORT MYERS, FL 33901

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:

JAIME TAVERAS

New Registered Office Address:

2701 CLEVELAND AVENUE, #140

Enter Florida street address

FORT MYERS

City

Florida 33901

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.

/s/

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>
MGR	COA LEGACY II, LLC	9835 LAKE WORTH ROAD	<input type="checkbox"/> Add
		SUITE 16	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33467	<input type="checkbox"/> Change
MGR	HOM3S I, LLC	9835 LAKE WORTH ROAD	<input type="checkbox"/> Add
		SUITE 16	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33467	<input type="checkbox"/> Change
MGR	NEXT LIFESTYLE, LLC	9835 LAKE WORTH ROAD	<input type="checkbox"/> Add
		SUITE 16	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33467	<input type="checkbox"/> Change
MGR	MARVERAS LLC	2701 CLEVELAND AVENUE	<input checked="" type="checkbox"/> Add
		#140	<input type="checkbox"/> Remove
		FORT MYERS, FL 33901	<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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.

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.

Dated June 20 2024



Signature of a member or authorized representative of a member

JAIME TAVARES

Typed or printed name of signee

COVER LETTER

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Division of Corporations**

SUBJECT: PARK ROAD DUPLEX LLC

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239 737-1750
at ()

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