

L24000122275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

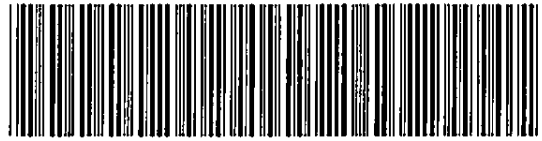
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/24--01017--021 **25.00

MC

BAYNARD, McLEOD, LANG & WINTER, P.A.
ATTORNEYS AND COUNSELORS AT LAW

146 SECOND STREET NORTH, SUITE 102
ST. PETERSBURG, FLORIDA 33701
TEL: (727) 894-0676
FAX: (727) 823-7351

BENJAMIN A. WINTER

JOSEPH H. LANG (1964-2018)
HENRY S. BAYNARD (1929-1980)
WILLIAM J. McLEOD (1948-1975)

June 3, 2024

VIA Certified Mail

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

Re: Bird Island 4, LLC

Dear Sir/Madam:

Please be advised that I represent Bird Island 4, LLC. Please find enclosed, on their behalf, a completed Articles of Amendment for the LLC, along with a check in the amount of \$25 representing the filing fee for the Amendment. As such, please process the requested Amendment with the State of Florida Division of Corporations.

Thank you for your attention to this matter. If you have any questions or need any additional information, please do not hesitate to contact me.

Very Truly Yours,



Benjamin A. Winter

Enclosures

cc: client
file

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIRD ISLAND 4, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BENJAMIN A. WINTER, ESQ.

Name of Person

BAYNARD, MCLEOD, LANG & WINTER, P.A.

Firm/Company

146 SECOND STREET NORTH, SUITE 102

Address

SAINT PETERSBURG, FL 33701

City/State and Zip Code

BEN@BENWINTERLAW.COM

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

For further information concerning this matter, please call:

BENJAMIN A. WINTER

727
at ()

822-0100

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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

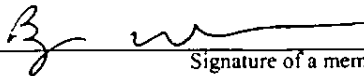
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 3, _____, 2024

 _____
Signature of a member or authorized representative of a member

BENJAMIN A. WINTER

Typed or printed name of signer