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(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
MK Newbe	eny LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	Michael Troiano		
		Name of Person	
	Lawn Enforcement Agenc	у	
		Firm/Company	
	4802 SW 85th ave		
		Address	
	Gainesville, FL 32608		
		City/State and Zip Code	
	mike@lawnenforcement.co	m	
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please c	all:	
kathie troiano		352 5384090 at ()	
Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			: 23
Mailing Addres	·•'	Street Address:	
Registration S		Registration Section	1
Division of C	orporations	Division of Corporatio	ns -
P.O. Box 632	.7	The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

	egistranon Sec Division of Corp		
eup ire	Tarpon Time	e LLC	
SUBJEC	l':	Name of Limit	ted Liability Company
The enclo	sed Articles of I	Amendment and fee(s) are subr	nitted for filing
		ndence concerning this matter t	•
		Robyn V Richards	
			Name of Person
		Turpon Time LLC	
			Firm/Company
		24605 53rd AV East	
			Address
		Myakka City, Fl 34251	
		Gatorfan@mailmt.com	City/State and Zip Code
		-	to be used for future annual report notification)
For furth	er information c	oncerning this matter, please of	nil:
Rick Ric			941 915-1815 at ()
	Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed	l is a check for t	he following amount:	
☐ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) C: □
	Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Tallahassee		2415 N. Monroe Street, Suite \$10 (240)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab	hility Company as it now appears on our r	ecords)
(A Flor	bility Company as it now appears on our r rida Limited Liability Company)	Esot um/
The Articles of Organization for this Limited Liability Florida document number L2400000675	y Company were filed on 12/22/23	and assigned
his amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	limited liability company here:	
Tarpon Time Vacation LLC		
The new name must be distinguishable and contain the words "I	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 AD	DDRESS)	
	<u> </u>	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		enter the name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street	address
	Enter Florida street	address , Florida

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

O

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
			□ Add
			🗆 Remove
			Change
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ffective date, if othe	r than the date o	f filing:			(optional)	
ffective date, if other an effective date is listed, lote: If the date inserts ocument's effective da	ed in this block doc	s not meet the ap	oplicable statuto	ry filing requireme	ays after filing.) Puents, this date wil	Irsuant to 605.02 I not be listed
record specifies a dela d is filed.	yed effective date, l	but not an effect	ive time, at 12:0	l a.m. on the earlie	er of: (b) The 9	Oth day after th
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	Signatu	ire of a member or	authorized repres	entative of a membe	Γ	ű
_	ichards					

Filing Fee: \$25.00