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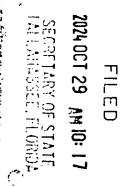
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations			
	OCK OFFICE CENTER, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Thomas M. Tarsia, Esq.		
		Name of Person	<del></del>
	Jones, Haber & Rollings		
		Firm/Company	
	1633 SE 47th Terrace		
		Address	<del></del>
	Cape Coral, FL 33904		
		City/State and Zip Code	<del></del>
	tarsia@joneshaberlaw.com E-mail address: (	to be used for future annual report not	ification)
For further information	n concerning this matter, please c		
Sharon Cirillo		239 542-0700	
Nan	e of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	or 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)
P.O. Box 6	n Section f Corporations	Street Address: Registration Set Division of Contre of The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

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

HANCOCK OFFICE CENTER, 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 May 21, 2024 and assigned Florida document number L24000235256 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:

Thomas M. Tarsia, Esq.

New Registered Office Address:

1633 SE 47th Terrace

Enter Florida street address

Cape Coral

City

## 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>	Address	Type of Action
			□Change
			□Remove
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Note: 1	November 1, 2024 (optional)  tive 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 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
he 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 d.
Dated	11/1/24
Daicu _	11/1/24
	Signature of a member or authorized representative of a member
	Kile Sherry
	Typed or printed name of signce

Filing Fee: \$25.00