

L240002608873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

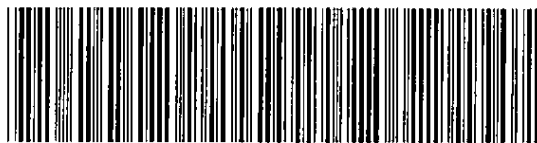
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

SECRET
6/24/24

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/02/2024

****WALK IN****

ENTITY NAME 5005 WILES UNIT 103 LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

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****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S. R. J. H.

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

5005 Wiles Unit 103 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 06/11/2024 and assigned Florida document number L24000260883.

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)

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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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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.

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>
AMBR	Cheryl Fairlie	5612 Northwest 64th Terrace	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FL
JAN 2 2012
AM 8:45
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2021 JUL -2 AM 8:45
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TALLAHASSEE, FL

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CLERK OF STATE
TALLAHASSEE, FL

(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)

Typed or printed name of signee

Signature Certificate

Reference number: 2EYAN-8H8C3-QUX9K-V3D074

Signer

Ronald Fairlie

Shared via link

Sent:

Viewed:

Signed:

Timestamp

01 Jul 2024 20:13:07 UTC

01 Jul 2024 20:14:44 UTC

01 Jul 2024 20:15:23 UTC

Signature

Ronald Fairlie

IP address: 162.254.200.126

Location: Miami, United States

Document completed by all parties on:

01 Jul 2024 20:15:23 UTC

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