L25000 216516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AUG 25 2025

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account: I20210000160: $25.00
Authorization Signature _____
__7233 Promenade Drive LLC P25000265765
Business Name #Document

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**NEW FILINGS**

____ Profit
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__X_ LLC
_____Domestication
_ __ INC
___ CORP
___ PLLC

**AMENDMENTS**

_X____Amendment
_____Resignation of R.A.
____ Change of Registered Agent
____ Revocation of Dissolution
_ _ Conversion
_ __Statement of Authority
____ Merger
____REVOCATION OF DISSOLUTION

**OTHER FILINGS**

____TRANSMITTAL LETTER

____Fictitious Name

_____ Statement of Authority

APOSTIL _____ **COUNTRY**
____Other

**REGISTRATION/QUALIFICATIONS**

_ _ Foreign Filing
____ Partnership
___ Reinstated Articles of Organization
____ Statement of CORRECTION

____Domestication of a Foreign Corp_
_____

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____Domestication of a Foreign Corp_
_____

# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** 7233 PROMENADE DRIVE 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:

DEREK M. JORGENSEN, ESQ.
Name of Person

SCOTT-HARRIS, ET AL
Firm/Company

4400 PGA BLVD., STE 603
Address

PALM BEACH GARDENS, FL 33410
City/State and Zip Code

DJORGENSEN@SCOTT-HARRIS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEREK M. JORGENSEN at (561) 624-3900
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

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

2025 AUG 22 AM 11:33

7233 PROMENADE DRIVE 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 June 13, 2025 and assigned Florida document number L25000265765.

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:

New Registered Office Address:
*Enter Florida street address*

*City*, Florida *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**

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR | Michael J. Tannenholtz | 187-51 Southeast Crosswinds Lane<br>Jupiter, Florida 33478 | ☐ Add<br>■ Remove<br>☐ Change |
| AMBR | Murray (a/k/a Morris) Tannenholtz, as Trustee of the Murray (a/k/a Morris) Tannenholtz Revocable Trust U/A dated 6/28/2000 | 187-51 Southeast Crosswinds Lane,<br>Jupiter, Florida 33478 | ■ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |
| | | | ☐ Add<br>☐ Remove<br>☐ Change |

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 August 14, 2025.

Signature of a member or authorized representative of a member

Marry Tennerholtz

Typed or printed name of signee

**Filing Fee: $25.00**