

198000001239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

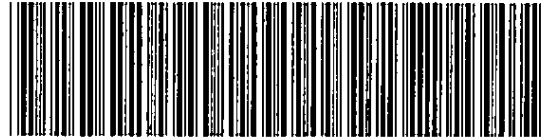
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700385499977

04/13/22--01004--002 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 10 PM 3:28

T. MATTHEWS

MAY 23 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 10 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FL

April 29, 2022

JOHN I. SILVERFIELD, ESQ
711 5TH AVENUE SOUTH
STE 200
NAPLES, FL 34102

SUBJECT: NORTH PORT PARK OF COMMERCE, L.C.
Ref. Number: L98000001239

We have received your document for NORTH PORT PARK OF COMMERCE, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 222A00010011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH PORT PARK OF COMMERCE, L.C.

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:

JOHN I. SILVERFIELD, ESQ.

Name of Person

HOLMES FRASER, PA

Firm/Company

711 5TH AVE S. SUITE 200

Address

NAPLES, FL 34102

City/State and Zip Code

jsilverfield@holmesfraser.com

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

For further information concerning this matter, please call:

JOHN I. SILVERFIELD, ESQ.

239 228-7268
at ()

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**

NORTH PORT PARK OF COMMERCE, L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECORDED
SECRETARY OF STATE
DIVISION OF CORPORATION
22 MAY 10 PM 3:28

The Articles of Organization for this Limited Liability Company were filed on 07/17/1998 and assigned
Florida document number L98000001239.

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:

HOLMES FRASER, PA

New Registered Office Address:

711 5TH AVE S, SUITE 200

Enter Florida street address

NAPLES

City

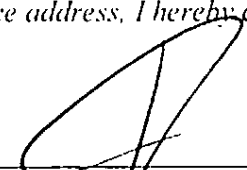
Florida

34102

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

(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)

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.

1/s/ John Silverfield
Signature of a member or authorized representative of a member

Typed or printed name of signee