

06-21-21 14:07 FROM-

Forsyth & Brugger

239-263-6757

T-021 P0001/0004 F-580

**M18000004501**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : FORSYTH & BRUGGER, P.A.  
Account Number : 120040000147  
Phone : (239)263-6000  
Fax Number : (239)263-6757

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jbrugger@forsythbrugger.com

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2021 JUN 21 PM 4:08

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
6720 15TH ST E LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUN 22 2021

A. LUN7

H21000242432

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 6720 15TH ST E LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John N. Brugger

Name of Person

Forsyth & Brugger P.A.

Firm/Company

600 FIFTH AVENUE SOUTH SUITE207

Address

NAPLES, FL 34102

City/State and Zip Code

jbrugger@forsythbrugger.com

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

For further information concerning this matter, please call:

John N. Brugger

Name of Person

at (239) 263-6000

Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS  
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# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: 6720 15TH ST E LLC

Enter new principal office address, if applicable:

(Principal office address)  
MUST BE A STREET ADDRESS

1250 Tamiami Trail N, Ste 307

Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address)  
MAY BE A POST OFFICE BOX

1250 Tamiami Trail N, Ste 307

Naples, FL 34102

2. The Florida document number of this limited liability company is: M18000004501

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 05/09/2018

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: FORSYTH & BRUGGER P.A.

New Registered Office Address: 600 FIFTH AVENUE SOUTH SUITE 207

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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

John Brugger

Typed or printed name of signer

Filing Fee: \$25.00