Division of Corporations

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.

(((H23000338718 3)))



H230003387183ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DORCEY LAW FIRM, PLC

Account Number : I20230000134 Phone : (239)418-0169

Fax Number : (239)418-0048

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

Email	Address:				

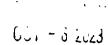
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROPE BEND HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



Page: 2 of 4 10/05/2023 10:35 AM (((H230003387183)))

## **COVER LETTER**

	Registratio Division of	n Section l'Corporations			•
SUBJEC	CT: ROPI	E BEND HOLDINGS, LLC			
		Name of Foreign	Limited Lia	ibility Co	mpany
Dear Sir	or Madan	1:			
The encl	osed appli	cation, certificate and fee(s) :	ire submittec	l for filing	<u>2</u> .
Please re	sturn all co	orrespondence concerning this	matter to th	e followii	ng:
Luca Di N	Nunzio				
	·	Name of Person			
Dorcey L	aw Firm				
		Firm/Company		_	
10181 Siz	x Mile Cypr	ess Pkwy, Suite C			
		Address		_	
Fort Myer	rs, FL 3396	6			
		City/State and Zip Code		<del></del>	
support@	dlfregistere	dagent.com			
E-mai	l address:	(to be used for future annual)	eport notific	ration)	
For furth	er informa	ntion concerning this matter, p	olease call:		
Luca Di A			239 at (	)	073
	Nai	me of Person	Area Cod	le & Dayt	ime Telephone Number
<u> </u>	lailing Add	lress:		Street A	ddress:
		n Section -			ation Section
		f Corporations			on of Corporations
	<sup>9</sup> .O. Box (				intre of Tallahassee
1	fallahasse	e. FL 32314			l. Monroe Street, Suite 81 assee, FL 32303
J:	Enclosed i	s a check for the following a	mount:		
<b>■\$</b> 25 Fi			S55 Filing	g Fee &	☐ \$60 Filing Fee.
	<b>5</b> **	Certificate of Status	Certified	-	Certificate of Status Certified Copy
CR2E085 (	9/15)				.,

## 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: ROPE BEND HOLDINGS, LLC		
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		2777
2. The Florida document number of this limited liab		
		•
3. Jurisdiction of its organization: Wyoming		
Jurisdiction of its organization: Wyoming     Date authorized to do business in Florida: 03/00	6/2019	
SECTION II (5-9 complete only the applicable c	hanges)	<b>3</b>
5. New name of the limited liability company:		
5. New name of the limited liability company: (must	contain "Limited Liability Co	ompany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting aging members adopting the ("") or "LLC.")	business in Florida and attach a alternate name. The alternate name
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	la Street Address
		, Florida Zip Code
	Сцу	Zip Code
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of and accept the obligations of my position as registe document is being filed to merely reflect a change i liability company has been notified in writing of thi	it and agree to act in this cape and complete performance of ered agent as provided for in C in the registered office addres.	my duties, and I am familiar with — Thapter 605, F.S. Or, if this

8. If the amend	ment changes person, title or capacity i	in accordance with 605,0902 (1)(e), indicate tha	t change:	
Title/ Capacity	Name	Address	Type of Action	
MGR	Jamie L. Scott	10181-C SIX MILE CYPRESS PKWY	□Add	
		FORT MYERS, FL 33966	≣Remov	
			□Add	
		***************************************		
			EAdd	
			□Remov	
	<del></del>	,	□Add	
			ZRemov	
			□Add	
aforemention	certificate, if required: no more than ned amendment(s), duly authenticated inder the law of which this entity is or	by the official having custody of records in the	= ERemov	
	Principal it. Scott	9/26/2023		

Filing Fee: \$25.00