

M210003515993430

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.

((H21000351599 3)))



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

From:
Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

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

Email Address: Michael.lehnert@pavese-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEADOWBROOK PARK HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

OCT 12 2021

S. PRATHER

FILED
2021 OCT 11 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 OCT 11 AM 9:58
TALLAHASSEE, FLORIDA



September 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MEADOWBROOK PARK HOLDINGS, LLC
2774 MCGREGOR BLVD
FORT MYERS, FL 33901US

SUBJECT: MEADOWBROOK PARK HOLDINGS, LLC
REF: M21000003430

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(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) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000351599
Letter Number: 821A00022769

H 2100025, 5413
Oct. 11. 2021 9:53AM

No. 0746 P. 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEADOWBROOK PARK HOLDINGS, 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:

MICHAEL LEHNERT

Name of Person

PAVESE LAW FIRM

Firm/Company

1833 HENDRY STREET

Address

FORT MYERS, FL 33901

City/State and Zip Code

michaellehnert@paveselaw.com

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

For further information concerning this matter, please call.

MICHAEL LEHNERT

Name of Person

at (239)

336-6281

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

H21 Oct. 11. 2021 9:53AM

No. 0746 P. 4

**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: MEADOWBROOK PARK HOLDINGS, LLC

Enter new principal office 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)

P.O. BOX 2277

FORT MYERS, FL 33902

2. The Florida document number of this limited liability company is: M21000003430

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 15, 2021

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: PLP REGISTERED AGENT, L.L.C.

New Registered Office Address: 1833 HENDRY STREET

Enter Florida Street Address

PORT MYERS

City

33901

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

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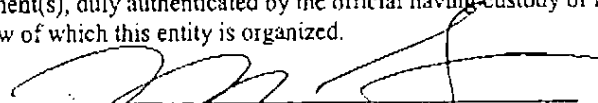
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHAEL LEHNERT	1833 HENDRY STREET	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33901	<input type="checkbox"/> Remove
MGR	ALFRED QUATTRONE	4301 VERONICA SHOEMAKER BLVD	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33901	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Michael Lehnert
Typed or printed name of signee

Filing Fee: \$25.00

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