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2022 OCT 12 PH 1:28 SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corpor		٠
SUBJE	'3 Oaks TC LLC	;   ,	
SUBJE		Name of Limited Liability Company	
The end	closed Articles of Am	endment and fee(s) are submitted for filing.	
Please	return all corresponde	nce concerning this matter to the following:	
		Matthew L. Grabinski, Esq.	
		Name of Person	
		Coleman, Yovanovich & Koester, P.A.	
	-	Firm/Company	
		4001 Tamiami Trail N., #300	~
	-	Address	022 C
		Naples, Florida 34103	OCT I
	·	City/State and Zip Code	2022 OCT 12 PH SECRETARY OF TALLAHASSE
	_	E-mail address: (to be used for future annual report notification)	<u> </u>
For furt	ther information conce	erning this matter, please call:	28 FL
Matthe	ew L. Grabinski, Esq.	239 435-3535 at ( )	
	Name of Per		Number
Enclose	ed is a check for the fo	llbwing amount:	
<b>■ \$2</b> 5	5.00 Filing Fee C	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations The Centre of Tallahasse	e \

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		3 Oaks TC LLC		
	( <u>Name of the Limited I</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		_
The Articles of Organization Florida document number		ility Company were filed on Aug. 8, 2022	and	l assigned
This amendment is submitted				
		e limited liability company here:		
<u>.</u> ,				
The new name must be distinguish	able and contain the word	s "Limited Liability Company," the designation "LLC" or the a	ibbreviation	ı "L.L.C."
Enter new principal offices	address, if applicabl	e:		
Principal office address MI	ST BE A STREET A	ADDRESS)		
			SECRE.	
Enter new mailing address,	if annlicable:	<u> </u> 	(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
Mailing address MAY BE	• •	)X)		9
				2 2 2
			[일 구	السيا
B. If amending the register gent and/or the new regist	2.	stered office address on our records, <u>enter the name</u> ere:	ne:of the	new registered
Name of New Regi	stered Agent:			
New Registered Off	ice Address:			
		Enter Florida street address		
	-	Florida		
N 10 14 14 15 15		City	Zip C	ode
provisions of all statutes re accept the obligations of m	ment as registered a lative to the proper o y position as register a change in the reg	gent and agree to act in this capacity. I further ag and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li	familiar ; if this a	with and locument is
		If Changing Registered Agent, Signature of New Ro	egistered /	gent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Launch Development, LLC	3592 Broadway, Ste 130	🗆 Add
		Fort Myers, FL 33901	□Remove
			<b>■</b> Change
MGR	Daniel O'Berski	3592 Broadway, Ste. 130	🗆 Add
		Fort Myers, FL 33901	🗏 Remove
			🗆 Change
MGR	Travis J. Walklett	3592 Broadway, Ste. 130	□Add
		Fort Myers, FL 33901	<b>≅</b> Remove
			🗆 Change
		TALLIAHAS SEE. FI.	Add  Change  Add  Remove
			Change
			🗖 Add
			□Remove
			□ Change

D. If am	ending any other	information, enter change(s) here: (Attach additional sheets, if neces	sary.)	
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			··· •	
(If an el Note:	Tective date is listed, the If the date inserted	han the date of filing:	ling.) Pursuant i	
If the reco		effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day	after the
Dated	October 11	2022		
		With I		
		Signature of a member or authorized representative of a member		_
	Matthew L. Gr	abinski, Esq., Authorized Representative of a member		_
		Typed or printed name of signee		

Filing Fee: \$25.00