

L23000256888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2147 WALDEMERE ST. LLC.

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:

NANCY FIORE

Name of Person

Firm/Company

2147 WALDEMERE ST

Address

SARASOTA, FLORIDA 34239

City/State and Zip Code

nancy.fiore123@gmail.com

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

For further information concerning this matter, please call:

NANCY FIORE

Name of Person

at

(248)

Area Code

917 1786

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2147 WALDEMERE ST, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 05/25/2023 and assigned  
Florida document number L23000256888.

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:

2147 WALDEMERE STREET

(Principal office address MUST BE A STREET ADDRESS)

SARASOTA, FLORIDA 34239

Enter new mailing address, if applicable:

2147 WALDEMERE STREET

(Mailing address MAY BE A POST OFFICE BOX)

SARASOTA, FLORIDA 34239

**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:

NANCY FIORE

New Registered Office Address:

2147 WALDEMERE STREET

*Enter Florida street address*

SARASOTA

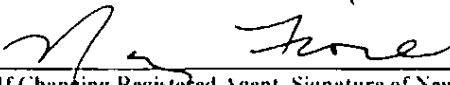
*City*

Florida 34239

*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

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>    | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|----------------|-------------------------|--------------------------------------------|
| MRG          | ANDREW W ROSIN | 1966 HILLVIEW STREET    | <input type="checkbox"/> Add               |
|              |                | SARASOTA, FL 34239      | <input checked="" type="checkbox"/> Remove |
|              |                |                         | <input type="checkbox"/> Change            |
| MRG          | NANCY FIORE    | 2147 WALDEMERE STREET   | <input checked="" type="checkbox"/> Add    |
|              |                | SARASOTA, FLORIDA 34239 | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
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|              |                |                         | <input type="checkbox"/> Change            |
|              |                |                         | <input type="checkbox"/> Add               |
|              |                |                         | <input type="checkbox"/> Remove            |
|              |                |                         | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 64 FR 50207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated November 17, 2023

M. T. Jones

Signature of a member or authorized representative of a member

Nancy Fiore

Typed or printed name of signee

**Filing Fee: \$25.00**