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COVER LETTER

TO:	Registration So Division of Cor			ę
CHBH		t Law Firm, PLLC		
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Keri Lynda Horvat		
			Name of Person	
		The Horvat Law Firm, PL	LC	
			Firm/Company	
18400 SW 97 Avenue, Suite 204				
			Address	
		Cutler Bay, Florida 33157		
			City/State and Zip Code	
		klynda@horvatlawfirm.con		
For fur	ther information c	e-mail address; (to be used for future annual report notif all:	ication)
Keri L	ynda Horvat		at () 4502825 Area Code Daytime	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE HORVAT LAW FIRM, PLLC

THE HORVAL LAW FIRIN, P	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number $\frac{L09000084918}{L09000084918}$.	were filed on 09/02/2009	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	18400 SW 97 Avenue	
Principal office address MUST BE A STREET ADDRESS)	Suite 204	~
	Cutler Bay, Florida 33157	(A)
Enter new mailing address, if applicable:	18400 SW 97 Avenue	PS :
Mailing address MAY BE A POST OFFICE BOX)	Suite 204	した 5
	Cutler Bay, Florida 33157	
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the	name of the new registe
V D 1005 411		
New Registered Office Address:	Enter Florida street address	
	, Florid	
	City	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 aniending 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 Title Name | **Address** Type of Action _____ 🗀 Add □Remove _____ □Add □Remove ☐Change ______ □Add _____ □Change _____ □Change □Add _____ □Remove _____ □Change

	
Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 iled.
Dated	May 8 2024 May 8 Signature of a member of a member
	Keri Lynda Horvat

Filing Fee: \$25.00