## L19000093677

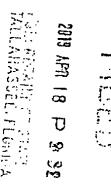
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APR 2 0000 T. LEMIEUX

## **COVER LETTER**

Division of Corpor	rations		
subject: 4040	Galt Oceah	hve SOJ, L ted Liability Company	LC
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Kai St	ladter	
		Name of Person	
	4040 Galt	Cuan Drive S	CE, LLC
		Firm/Company	
	218 Comir	nercial Blvd Address	# 106
		Address	
	Landerdal	e-64-the	Sea PL 33308
	City/State and Zip Code  Kaistader @ gmail. com  E-mail address: (to be used for future annual report notification)		
	Kais	tadler a gw	iail. Com
•	E-mail address: (t	o be used for future annual rep	ort notification)
For further information cond	terning this matter, please ca	di:	
Kai Sto	der	at ( <del>G 5 Y</del> )	696-3304
Name of Pe	erson	Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS:	STREET/O	OURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

npany as it now appears on our records.) ed Liability Company)  Again, 125, 15, 15, 5, 5, 5, 6, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	
ny were filed on 4/2014 P 2 32  TALLAMASSEE. FLORIDA	
ability company here:	
ability Company," the designation "LLC" or the abbreviation "L.L.C."	
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,	
<u> </u>	
office address on our records, enter the name of the r	
nere:	
ula	
Enter Florida street address	
, Florida	
1	

If Changing Registered Agent, Signature of New Registered Agent

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 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>	Name	Address	Type of Action
MGR	Marian Holescak	218 Commercial Blvd #106 Lauderdele FL 33308	Add
			Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			□ Remove
			Change
<del></del>	<del> </del>		Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If t	date, if other than the date of filing:  ve 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 605.0207 (3) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 's effective date on the Department of State's records.
) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Kai Stadler
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00