

L 21000303503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

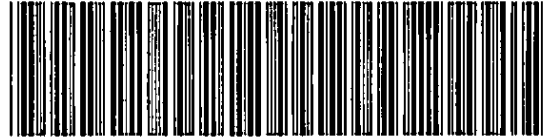
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700397031487

11/09/22--0109--011 4:25 PM

2022 AUG -9 AM 9: 05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

# SIMON AND SCHMIDT, PA

Attorneys At Law  
766 S.E. 5<sup>th</sup> Avenue  
Delray Beach, Florida 33483

David W. Schmidt  
Ernest G. Simon (1925-2020)

david@simonandschmidt.com  
Telephone (561) 278-2601  
Fax (561) 265-0286

November 3, 2022

Delivered via Priority Mail

Tracking No. 9400 1092 0556 8272 2745 64

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: 4562 Old Military LLC  
Document No. L21000303503

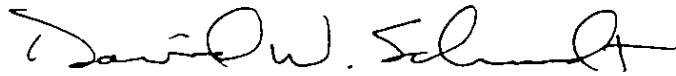
Dear Ladies and Gentlemen:

Enclosed are the following:

1. Cover Letter;
2. Amendment to the Articles of Organization; and,
3. Our Law Account check in the amount of \$25.00 for the filing fee for the amendment for the above-referenced LLC.

Please contact me should you require anything further to process this amendment.

Sincerely yours,



David W. Schmidt



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

4562 Old Military 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 July 1, 2021 and assigned Florida document number L21000303503.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

4559 Diekhans LLC

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:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2022 AUG -9 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_ Florida \_\_\_\_\_

*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 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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

