(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
00789,06210,00671

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FEB 22 2023 D CUSHING

COVER LETTER

Division of Con	porations	•		
SUBJECT:	Julia Va Name of Limi	ted Liability Company	<u> </u>	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	ndence concerning this matter t	to the following:		
	Julia V Mai Curres	Name of Person A Horn LLC Firm/Company S Rd. Apot. C1	(After name change Iulia Katherine	: Van
For further information co	oncerning this matter, please ca	at (954) 348-		· }
Enclosed is a check for th		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		Street Address: Registration Section	on	

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

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



February 8, 2023

JULIA VAN HORN 6921 CYPRESS RD. APT. C 19 PLANTATION, FL 33317

SUBJECT: JULIA VAN HORN LLC Ref. Number: L22000026240

We have received your document for JULIA VAN HORN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 523A00003019

Anissa Butler Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Julia Van Horn, 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 112 2000 and assigned assigned and assigned and assigned and assigned and assigned and assigned and assigned assigned and assigned assigned as a signed assigned as a signed as a	
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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Diantation FL 333317	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Plantation, PL 33317	. <u>C</u> 14 _ _
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:	<u>stered</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
- , Florida, Florida, 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

	Authorized Person(s) authorized to man	nage, enter the title, name, and address of each p	
MGR = Manager AMBR = Authorized Member		Address (Address)	hage.
<u>Title</u>	Name	Address	Type of Action
MOR	Iulia K. Van Hurn	1921 Cypress Rd. Apt C19 Plantation, FC 33317	_ Shad
		Plantation, FC 33317	
			Change
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ffectiv	re date, if other than the date of filing:
for affa	te date, if other than the date of filing:
Note: I	it the date inserted in this block does not meet the applicable statutory fining requirements, and date with the date of the beginning the date on the Department of State's records.
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
d is file	
Dated _	Nov. 14 , 2022.
	Signature of a member or authorized representative of a member
	Constitute of a member of surgotized representative of a member
	Signature of a member of authorizing