L22000485380

(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:
1/30)

Office Use Only



600401430126

01/30/23--01009--029 **25.00

LLC Amend. 04/10/23

COVER LETTER

TO:						
CIUD III		ER LLC				
SORTE	UI; <u>4</u>	Name of Limi	ted Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		CORY S. CARANO				
Division of Corporations 709 BUTLER 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: CORY S. CARANO Name of Person CORY S. CARANO, P.A. Finn/Company 250 N CONGRESS AVE SUITE D Address DELRAY BEACH, FL 33445 City/State and Zip Code AYCHOLDINGS@GMAIL.COM E-mail address: (to be used for future annual report no part for further information concerning this matter, please call: CORY S. CARANO Name of Person CORY S. CARANO Semail address: (to be used for future annual report no part for further information concerning this matter, please call: CORY S. CARANO Name of Person CORY S. CARANO Semail address: (to be used for future annual report no part for further information concerning this matter, please call: CORY S. CARANO Semail address: (to be used for future annual report no part for further information concerning this matter, please call: CORY S. CARANO Semail address: (to be used for future annual report no part for further information concerning this matter, please call: CORY S. CARANO Semail address: (to be used for future annual report no part						
		CORY S. CARANO, P.A.				
•			Firm/Company			
		250 N CONGRESS AVE	SUITE D			
	Address					
	DELRAY BEACH, FL 33445					
		City/State and Zip Code				
		-		ivertion)		
For furt	her information o			, cancar		
CORY	S. CARANO					
	Name (of Person	Area Code Daytime	e Telephone Number		
Enclose	ed is a check for t	he following amount:				
■ \$25	5.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre		Street Address:			
	Registration	Section	Registration Sec			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

709 DUTLER LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000485380</u> .	were filed on 11/14/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	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)		
	1-80	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

700 DITTIED LLC

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 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>	Type of Action
AMBR	SAMEAH LLC	735 N ATLANTIC AVENUE	= Add
		DAYTONA BEACH FL 32118	□Remove
			□Change
			□Add
		**** <u> </u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change

		
		
·		
Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:	0207 (3) d as the
ne record specifies a delayed effective ord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	2023	
	Signature of a member or authorized representative of a member	
CORY S. CARANO, ES	SQ. Typed or printed name of signee	