

L23000059305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

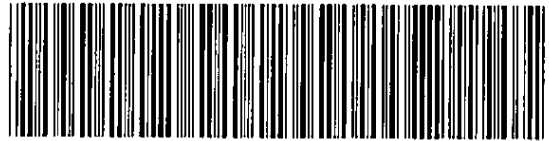
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200430641022

95/31/24--01021--010 **25.00

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: 410 North Street 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:

Kathleen Boyle
_____ Name of Person

_____ Firm/Company

1215 Anclote Blvd Suite G
_____ Address

Tarpon Springs FL 34689
_____ City/State and Zip Code

410nstreet@gmail.com
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen Boyle
_____ Name of Person

813 7587798
at (_____) _____ Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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
Tallahassee, FL 32311

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. M. ...

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

410 North Street 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 2/1/2023 and assigned Florida document number L23000059305.

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 "L.L.C."

Enter new principal offices address, if applicable:

17751 Esprit Drive

(Principal office address MUST BE A STREET ADDRESS)

Tampa FL 33647

Enter new mailing address, if applicable:

17751 Esprit Drive

(Mailing address MAY BE A POST OFFICE BOX)

Tampa FL 33647

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>
MGR	Elizabeth Lisowski	17751 Esprit Drive	<input checked="" type="checkbox"/> Add
		Tampa FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christine Seiler	17743 Esprit Drive	<input type="checkbox"/> Add
		Tampa FL 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kathleen Boyle	1215 Anclote Blvd, Suite G	<input type="checkbox"/> Add
		Tarpon Springs FL 34689	<input type="checkbox"/> Remove
			<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change from Member-Managed LLC to Manager-Managed LLC

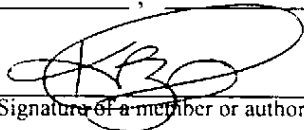
E. Effective date, if other than the date of filing: 5/21/2024 **(optional)**

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated 5/21/2024



Signature of a member or authorized representative of a member

Kathleen Boyle

Typed or printed name of signee