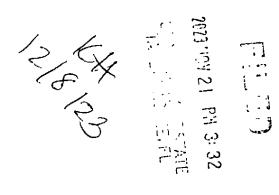


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





COVER LETTER

TO: Registration So Division of Cor				
	DEMERE ST. LLC.			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	NANCY FIORE			
		Name of Person		
		Firm/Company		
	2147 WALDEMERE ST			
	 -			
	SARASOTA, FLORIDA 3			
	nancy.fiore123@gmail.com	City/State and Zip Code		
	E-mail address: (t	o be used for future annual report notif	ication)	
For further information of	oncerning this matter, please ca	ill:		
NANCY FIORE		at (248) 917 Area Code Daytime	1780	e1
Name o	f Person	Area Code Daytime	421	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Enclosed is a check for the	he following amount:		PH PH	· · · · · · · · · · · · · · · · · · ·
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee	

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

Street Address: 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

2147 WALDEMERE ST, LLC.			<u> </u>		
(Name of the Lim	ited Liability Compa (A Florida Limited)	nny as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited I	Liability Company	were filed on 05/25/2023	and assigned		
This amendment is submitted to amend the fol	lowing:				
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 Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	icable:	2147 WALDEMERE STREET			
(Principal office address MUST BE A STREET ADDRESS)		SARASOTA, FLORIDA 34239			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2147 WALDEMERE STREET SARASOTA, FLORIDA 34239			
B. If amending the registered agent and/or agent and/or the new registered office addr	· · ·	address on our records, <u>enter th</u>	he name of the new register		
Name of New Registered Agent:	NANCY FIOR	Е	P		
New Registered Office Address:	2147 WALDES	MERE STREET Enter Florida street address	3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3		
	SARASOTA	, Flor	rida 34239		
		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>	Address	Type of Action
MRG	ANDREW W ROSIN	1966 HILLVIEW STREET	□Add
		SARASOTA, FL 34239	■Remove
			□Change
MRG	NANCY FIORE	2147 WALDEMERE STREET	■Add
		SARASOTA, FLORIDA 34239	□Remove
			□Change
			□Add
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record specifies a	a delayed effective date, l	but not an effective	e time, at 12:01 a.m	. on the earlier of: (b) The 90th d	lay after th
ned NOVer	mber 17	2023	· ·			
	mber 17 Signate	7	thorized carries enteri	en of a mambar		

Filing Fee: \$25.00