## L0300019382

(Requ	uestor's Name)	
(Addi	ess)	
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(City/	State/Zip/Phone #	<del></del>
PICK-UP	WAIT	MAIL
(Busi	ness Entity Name	·)
(Docu	ument Number)	<u></u>
Certified Copies	Certificates o	of Status
Special Instructions to Fi	ling Officer.	

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CHRIST CHARACTER



## **COVER LETTER**

TÒ:

Registration Section Division of Corporations

Putman LL SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Putman				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Putman LLC.				
		Firm/Company	_ <del>_</del> .		
	13920 SW 73rd ave.				
		Address			· · · · · · · · · · · · · · · · · · ·
	Palmetto Bay, FL 33158			2023 OCT	
	<del></del>	City/State and Zip Code	·	7 26	-1
	putmanholdings@gmail.com				
	E-mail address: (	to be used for future annual report notif	ication)		200
For further information c	oncerning this matter, please co	all:		PH 12: 40	ا ا
michael putman		786 232-1260		,	•
Name o	f Person		: Telephone Number	-	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &	
Mailing Addres	s:	Street Address:			
Registration S	Section	Registration Sec			
Division of C		Division of Corp			
P.O. Box 632 Tallahassee, l		The Centre of T	allahassee 2 Street, Suite 810		
i ananassee.	L J 2 J 1 T	Z413 IN. IVIONIO	: Succi, suite ord		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Putman LLC.

company has been notified in writing of this change.

(Name of the Lim	ited Liability Compar (A Florida Limited L	iv as it now a lability Comp	appears on our records.) Dany)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/29/2003}{\text{Elorida document number}}$				_ and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabi	li <u>ty compa</u>	ny here:			
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company.	"the designation "LLC" or the abbreviat	tion "L.l	C."	
Enter new principal offices address, if applicable:		13920 SW 73rd Ave. Palmetto Bay, FL 33158		_ 63		
(Principal office address MUST BE A STREET ADDRESS)				923 OC	<u> </u>	
				126		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		13920 SW	73rd Ave. Palmetto Bay, FL 33158	P	<u> </u>	
		<del></del>		12:	<u> </u>	
				0,4		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			our records, <u>enter the name of t</u>	he new	registere	
New Registered Office Address:	13920 SW 73rd	ave.				
rem registered Office radicess.		Enter Florida street address				
	Palmetto Bya		Florida 33158			
		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

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
Owner	Michael Putman	13920 SW 73rd Ave. Palmetto Bay, FL 33158	
		<del></del>	□Remove
			□Change
Owner	Stephen Putman		□Add
			<b>=</b> Remove
			□Change
			CAVISION OF COUNTY OF STATE OF A THE COUNTY OF COUNTY OF STATE OF A THE COUNTY
			□ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

My father, Stephen Pu	tman, has passed	away, and the dea	th certificate is a	ttached below.		
Below, you will find th	ne assignment of i	interest, designation	ng Michael Putm	an as the sole ow	mer of Putman LLC	·1
		<del></del>		_	<del></del>	
****			<del></del>			
			<u>.                                    </u>			
					26	<u> </u>
					73 OC	<u> </u>
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<u></u>		<u> </u>			PH 2:	<u> </u>
		<del></del>				<u> 7</u>
tive date, if other the fective date is listed, the date inserted in nent's effective date of	n this block does n	not meet the applic	cable statutory fi	more than 90 days	o <b>ptional)</b> after filing.) Pursuant s, this date will not	to 605. be liste
rd specifies a delayed iled.	effective date, but	I not an effective t	ime, at 12:01 a.n	n. on the earlier o	of: (b) The 90th da	ıy after
October 23rd,		2023	·			