L04000092629

(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:





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To: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: Amending authorized person to manage.

Adding Daniel B Lovell (Manager)

1777 SE 15th Street

Ft. Lauderdale, FL. 33316

Remove Jennifer L. Lovell

2608 Inlet Drive

Ft. Lauderdale, FL. 33316

Filed By

Cheryl Lovell

754-520-9404

December 12, 2024

42nd St. CS LLC 812 20th Ave W

Palmetto, FL. 34221

Signed by

Cheryl Lovell

COVER LETTER

TO:	Registration Se Division of Cor			
	42ND ST C	S LLC		
SUBJ	ECT:			
		Name of Limit	ed Liability Company	
The er	oclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	
		CHERYL S LOVELL		
			Name of Person	- · · · ·
		42ND ST CS LLC		
			Firm/Company	
		812 20TH AVE W		
			Address	. <u> </u>
		PALMETTO, FL 34221		
		victory60h@aol.com	City/State and Zip Code	···
		É-mail address: (to	be used for future annual report no	tification)
For fu	rther information c	oncerning this matter, please ca	II·	
	YL LOVELL	onesting and matter, prease ou	954-520-94	04
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclos	sed is a check for th	ne following amount:		
S 2	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, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

?[]?

42ND ST CS LLC		بر <u>ء</u> ســـ	
(Name of the Limited Liability Comp.	any as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company	1.2/2.2/2(V)-1	and assigned	
lorida document number		·	
his amendment is submitted to amend the following:		 	
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "IA.C" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	42ND ST CS LLC		
Principal office address MUST BE A STREET ADDRESS)	812 20TH AVE W		
	PALMETTO, FL 34221		
Inter new mailing address, if applicable:	42ND ST CS LLC		
Mailing address MAY BE A POST OFFICE BOX)	812 20TH AVE W	***	
maning dual control of the control o	PALMETTO, FL 34221		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registo	
rame of the winegistered regent.			
New Registered Office Address:	Farm Flore Land		
	Enter Florida street address		
	Flori		
	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 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
AMBR	LOVELL, CHERYLS	812 20TH AVE W, PALMETTO, FL 34221	
			□Add
			□ Remove
	•		■Change
MGR	LOVELL, DANIEL B	1777 SE 15 ST, FORT LAUDERDALE, FL 33316	\ \ Add
			= Add
			□Remove
			□Change
MGR	LOVELL, JENNIFER L	2608 INLET DR, FORT LAUDERDALE, FL 33316	□ Add
			= Remove
			□Change
			□Add
			□Remove
		·	Change
			□Add
		•	
			□Remove
		·	□Change
			□Add
			□Remove
			∏Change.

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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	does not meet the applica	able statutory filing requi	(Optional) 90 days after filing.) Pursu rements, this date will n	ant to 605,020 of be listed a
cord specifies a delayed effective da s filed.	nte, but not an effective til	me, at 12:01 a.m. on the c	earlier of: (b) The 90th	day after the
NOVEMBER 11	2024			
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Cheryl Sig	8 Para 11	2		
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Filing Fee: \$25.00