L05000016703

(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



300411497223

LLC Amend

07/85/23--01010--009 **60.00



A. RAMSEY AUG 1 V 2023

COVER LETTER

TO:	Registration S Division of Co					
SUBJEC	Caruso Di	enhart (TBE) Family Limited L	iability Company			
SOBJEC	- '	Name of Lin	ited Liability Company			
			-			
1 16430 16	iam an conc.,p					
			Name of Person			
			Firm/Company			
	Firm/Company 1501 Presidential Way. Suite 16					
	Address					
			to be used for future annual report notif	ication)		
For furth	er information	concerning this matter, please c	all:			
Dienhart	, Ewald Johann	Peter				
	Name	of Person	Area Code Daytime	Telephone Number		
Enclosed	l is a check for (the following amount:				
□ \$25.	00 Fifing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre	<u> </u>	Street Address:			

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

FILED

2023 JUL -5 PM 12 38

TENER MAY UP STATE

Caruso Dienhart (TBE) Family Limited Liability Company

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	
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)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here:	<u>v registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
·	
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 comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doct being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liabil company has been notified in writing of this change.	th and ument is

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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change
			CJ Add
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove

			 -	-		
	·					
			.,	-		
					-	
	_			.		
			-			
						
	-					
	<u>.</u>					
_ 						
						
						
						
ffective date, if other than t an effective date is listed, the date in Sote: If the date inserted in this ocument's effective date on the	błock does n	of meet the appl	licable statuto	ng or more than 90 ry filing requires	(optional) days after filing.) F nents, this date w	ursuant to 605.0207 (ill not be listed as i
record specifies a delayed effec Lis filed.	tive date, but	not an effective	e time, at 12:0	La.m. on the ear	lier of; (b) The	90th day after the
Dated May 15		2023	_ /	/		
					_	
	(/		[][[]			

Typed or printed name of signee