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COVER LETTER

Registration Section Division of Corporations

ľO:

Cairney, L UBJECT:	LC		
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
·	-	Ü	
	Kathleen Cairney-Navas		
		Name of Person	
		Firm/Company	
	127 Burt Avenue		
		Address	
	Northport, New York 1176	58	
		City/State and Zip Code	
	cjointtrust@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
or further information	concerning this matter, please c	all:	
Kathleen Cairney-Nava	s	516 661-3558	
Name of Person		Area Code Daytim	ne 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee ee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited I	ny were filed on 9/29/20	005	_ and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lis	ability company here:		
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	nation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	icable:			<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)			~~~ ~~
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered offic	e address on our reco	rds, enter the name of	
Name of New Registered Agent:	Bryan J. Arcl	her, CPA		
New Registered Office Address:	329 Nokomis	s Ave. S., Suite L Enter Florida	etraat adduser	
	Venice	Enter Florida	, Florida ³⁴²⁸⁵	,
		City	, - 1001000	Zip Code

New Registered Agent's Signature, if changing Registered Agent;

Cairney, LLC

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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	John C. Cairney, Trustee	as Trustee of Cairney Joint Trust dated June 9, 2004	□Add
		109 Bayshore Road, Unit 8	■Remove
		Nokomis, FL 34275	□Change
MGRM	Patricia D. Caimey, Trustee	as Trustee of Cairney Joint Trust dated June 9, 2004	□Add
		109 Bayshore Road, Unit 8	■Remove
		Nokomis, F1, 34275	□Change
MGR	Kathleen Cairney-Navas, Trustee	as Trustee of Cairney Joint Trust dated June 9, 2004	≣Add
		127 Burt Avenue	□Remove
		Northport, NY 11768	□Change
мGR	Peter D. Cairney, Trustee	as Trustee of Cairney Joint Trust dated June 9, 2004	■Add
		116 Richmond Road	□Remove
		Douglaston, NY 11363	□Change
4GR	Patricia E. Jensen, Trustee	as Trustee of Cairney Joint Trust dated June 9, 2004	
		217-11 36th Avenue	— □Remove
		Bayside, NY 11361	
			_
			050

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an et	ive date, if other than the date of filing:
docur	nent's effective date on the Department of State's records.
he reco ord is f	rd 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 ded.
Dated	November 7,2024.
	Kathun any Nas a S. Manager Signature of a member or sutherized representative of a member
	Kathleen Cairney-Navas
	Typed or printed name of signee

Filing Fee: \$25.00