## L07000078380

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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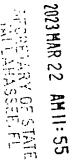
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## **COVER LETTER**

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	gistration Sec vision of Corp					
		Associates, LLC				
JBJECT:		Name of Limit	ed Liability Company			
ka analaga	d Articles of A	amendment and fee(s) are subn	nitted for filing			
		idence concerning this matter t				
		Henry J lonski				
		Longski and Associates, L	Name of Person			
			Firm/Company			
		4 Shore View Circle				
			Address			
		Indialantic, FL 32903				
			City/State and Zip Code			
		henry.lonski@gmail.com				
		E-mail address: (	o be used for future annual report not	ification)		
For further	information c	oncerning this matter, please ca	il:			
Henry J Lo	onski		321 258-7203			
<del> </del>	Name o	f Person		ne Telephone Number		
Enclosed is	s a check for th	ne following amount:				
≣ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)		
	failing Addres		Street Address:			
	Registration (	Section Corporations	Registration So			
	2.O. Box 632	-		Division of Corporations The Centre of Tallahassee		
	`allahassee,		2415 N. Monre	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

FLORIDA DEPARTMENT OF STATE Division of Corporations February 28, 2023 HENRY J. IONSKI 4 SHORE VIEW CIRCLE INDIALANTIC, FL 32903 US SUBJECT: LONSKI AND ASSOCIATES, LLC Ref. Number: L07000078380 We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s): The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file. The document number of the name conflict is L11000099128. Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned. If you have any questions concerning the filing of your document, please call (850) 245-6050. Vonterica S Williams Letter Number: 423A00004688 REGULATORY SPECIALIST II

LONSKI AND ASSOCIATES LLC 4 SHORE VIEW CIRCLE INDIALANTIC, FL 32903-4518

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DATE 12, 12, 22

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BANK OF AMERICA

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PAY TO THE OF FLUE IDA DEPARAMENT OF STATE ORDER OF FLUE IDA

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#6786P3 #60630000630# #908600#

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lonski and Associates, LLC		
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our record ability Company)	<u>5.</u> )
he Articles of Organization for this Limited Liability Company v lorida document number <u>L07000078380</u>		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
1/5- //5- ///		**************************************
The new name must be distinguishable and contain the words "Limited Liability and Contain the words "Liability and Contain the words" and "Liability and Contain the words "Liability and Contain the words "Liability and Contain the words" and "Liability and Contain	ity Company," the designation "LLC	or the abbreviation "L.U.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2023
The lyth office same		
		2 2
		2000年
Inter new mailing address, if applicable:		(OC) A
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		——————————————————————————————————————
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>entc</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
	City	Florida
	City	·

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records: 1GR = Manager MBR = Authorized Member Type of Action Name DONNA LONSH 4 SHORE VIEW CIRCLE Jadd

INDIA LANTIC FL 32903 Remove □Change JOSHVA LONSKI 4 SHORE VIEW CIRCLE And INDIACANTIC FL 32903 Remove \_\_\_\_\_ □ Remove \_\_\_\_\_ □Remove \_\_\_\_\_\_ □Change \_\_\_\_\_ □Add

\_\_\_\_\_ Change

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ctive date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	be specific and cannot be pock does not meet the ap	plicable statutory in	more than 90 days aft	cional) er filing.) Pursuant to 60 nis date will not be li
cord specifies a delayed effective s filed.	e date, but not an effecti	ve time, at 12:01 a.n	n, on the earlier of:	(b) The 90th day af
December 9	, 2022	·	_	
Hlon-	Signature of a member or	they (	Vloys	4
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