

L0800000 5508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

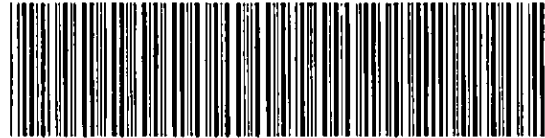
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J. HORNE
FEB 22 2023

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RECEIVED
2023 FEB 22 PM 2:51
SECRETARY OF
STATE

02/22/23--01001--022 **120.00

RECEIVED
2023 FEB 22 PM 2:39
DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: CT 909 LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

I return all correspondence concerning this matter to the following:

LEONARD ECHT
Name of Person

Firm/Company

1000 N. DUVAL ST. APT A
Address

TALLAHASSEE, FLORIDA, 32303
City, State and Zip Code

LEONARD ECHT @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

Further information concerning this matter, please call:

LEONARD ECHT at (850) 3453744
Name of Person Area Code Daytime Telephone Number

Used is a check for the following amount:

<input type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input checked="" type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

CT 908 LLC

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

FILED
2023 FEB 22 PM 2:51
SECRETARY OF
TALLAHASSEE, FL

Articles of Organization for this Limited Liability Company were filed on 01/15/2008 and assigned
file number L08000005508.

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

By 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

Appending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

MBR = Authorized Member

<u>MR</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARCELO ECHT	1200 N. DUVAL ST. APTA	<input checked="" type="checkbox"/> Add
	MARCELO ECHT	TALLAHASSEE, FL	<input type="checkbox"/> Remove
		32303	<input type="checkbox"/> Change
MGR	SILVIA ECHT	3401 THOMAS ST.	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL	<input type="checkbox"/> Remove
		33021	<input type="checkbox"/> Change
AMGR	PERSONAL REPRESENTATIVE	1000 N. DUVAL ST. APTA	<input type="checkbox"/> Add
	OF THE ESTATE	TALLAHASSEE, FL	<input checked="" type="checkbox"/> Remove
	OF GUSTAVO F ECHT	32303	<input type="checkbox"/> Change
	ECHT, LEONARD PEDRO		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 22ND, 2023

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00