L10000030963

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SHRIFCT.	9825 SOUT	TH O.B.T.,LLC					
SOBJECT.		Name of Lim	ited Liability Company		··		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
		andence concerning this matter					
		Ralph Koransky					
			Name of Person				
		9825 South O.B.T LLC					
			Firm/Company	<u></u>			
		543 Timber Ridge Drive					
		•					
		Longwood Fl. 32779					
	City/State and Zip Code Ralph.Koransky@gmail.com						
For further i	nformation c	oncerning this matter, please ca	all:				
Ralph Kora	nsky		407 342	-0251			
	Name o	f Person	Area Code	Daytime Teleph	one Number		
Enclosed is	a check for th	ne following amount:					
□ \$25.00 l	Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
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	gistration S vision of C	Section Torporations		tion Section of Corporation	าทร		
	7 Day 622			ror Corporation			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9825 SOUTH O.B.T. LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{3/22/2010}{1}$ _____ and assigned Florida document number L10000030963 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 "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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>	<u>Address</u>	Type of Action
AMBR	Ralph J Koransky	543 Timber Ridge Drive	
		Longwood Fl. 32779	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
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		-	□Change
			□Add
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			Remove

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:ume	int seffective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier 6 90th day after the record is filed.
ed_	10/21/2024
	Majaf Koronsky
	The state of the s
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00