## L14 00000652L

	(Requestor's Name)	
	(Address)	<del></del>
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
(	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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2021 APR -4 PM 3: 34
SECRETARY OF STATE
TALLAHOSSEF FA

A. Butter



March 22, 2021

ADINA KAUFMAN 1030 WATERSIDE LN HOLLYWOOD, FL 33019

SUBJECT: ADINA KAUFMAN ARCHITECT, LLC

Ref. Number: L14000006526

We have received your document for ADINA KAUFMAN ARCHITECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Letter Number: 921A00005934

Terri J Schroeder Supervisor

SECRETAINS SECRETAINS

## **COVER LETTER**

Y AHIDA	AUFMAH LLC	•
Registration Section  Division of Corporations  SUBJECT:  ADIHA KAUFMAH  Please return all correspondence concerning this matter to the following:  ADIHA KAUFMAU  Name of Person  ADIHA KAUFMAU  Name of Person  ADIHA KAUFMAU  Firm/Company  1030 WARGLAGE  Lollwood Tozida 33017  City/State and Zip Code  ADIHA (ADIHA) COM  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  ADIHA KAUFMAU  Name of Person  Area Code  Daytine Telephone Number  Senclosed is a check for the following amount:  Senclosed as a check for the following amount:  Senclosed is a check for the following amount:  Certificate of Status  Certified Copy (additional copy is enclosed)		
Amendment and fee(s) are sub	omitted for filing.	
ndence concerning this matter	to the following:	
<u></u>	Name of Person	
	ADIHA KAU FITAU Firm/Company	TTG
1030 (	<del></del>	
4	t	X 33019
ADIHA (E-mail address: (	City/State and Zip Code	
oncerning this matter, please ca	all:	
	at ( <u><b>305</b></u> ) <u>34</u> Area Code Daytim	FHAN LLC  FHAN LLC  TORICA 33019  Code  OFHAN. COM  Innual report notification)  Pee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
e following amount:		
	Certified Copy	Certificate of Status & Certified Copy
	Street Address:	Mian.
orporations	Division of Cor	porations
	ADIHA V Name of Lin  Amendment and fee(s) are substituted and fee(s) are su	ADIHA VAUEMAH  Name of Limited Liability Company  Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  ADIHA KAUEMAN  Name of Person  ADIHA KAUEMAN  Firm/Company  1030 WARSCARS  WORKSTARS  Address  WORKSTARS  Address  WORKSTARS  ADIHA @ ADIHA KAUEMAN  E-mail address: (to be used for future annual report notion cerning this matter, please call:  AUFILAN  Person  at (305)  Area Code  Daytim  Certificate of Status  Certified Copy  (additional copy is enclosed)  E  Street Address:  Registration See Division of Cor

Tallahassee, FL 32314

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

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 APR -4 PM 3: 35

ADIHA KAUF (Name of the Limited Liability Co (A Florida Lim	ompany as it now appears of ited Liability Company)	NITE OF THE LAMASSEE	STATE I, FL
The Articles of Organization for this Limited Liability Comp	pany were filed on	01-13-2014 an	d assigned
Florida document number 14 00000 6526			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
ADINA KA	UFMAH I	( (0.	
The new name must be distinguishable and contain the words "Limited	Liability Company." the de	signation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:			· .
(Principal office address MUST BE A STREET ADDRES	S)		
	<del> </del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o	ffice address on our re	cords, enter the name of t	he new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
		······································	
New Registered Office Address:	Enter Flori	da street address	
·			
	City	, Florida	Code

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.

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

GR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Title Name		□Add	
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	any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If the c	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0, date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ffective date on the Department of State's records.	207 as 1
e record speci d is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	e
Dated	106NGT 5th 2021	

Filing Fee: \$25.00



June 15, 2021

ADINA KAUFMAN 1030 WATERSIDE LN HOLLYWOOD, FL 33019

SUBJECT: ADINA KAUFMAN ARCHITECT, LLC

Ref. Number: L14000006526

We have received your document for ADINA KAUFMAN ARCHITECT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE INDICATE THE CHANGES FOR THE ENTITY ON THE FORM.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 021A00013239

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