## L14000062109

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	_
PICK-UP	TIAW [	MAIL
(Bu:	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to f	Filing Officer:	





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## **COVER LETTER**

	Larson, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Julie A Larson		
		Name of Person	
	Julie Anne Larson, LLC		
	<del></del>	Firm/Company	
	PO Box 25		
		Address	
	Nokomis, FL 34274		
	. 1	City/State and Zip Code	<del></del>
	Julie@ThinkSuncoast.com	to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·
For further information c	concerning this matter, please c		(Carton)
Julie A Larson		941 284-9826 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addres Registration 9		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Julie Anne Larson, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records Liability Company)	<u>,</u> )
The Articles of Organization for this Limited Liability Company	were filed on 4-14-2014	and assigned
Florida document number 1.14000062109		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company" the designation "LLC"	or the abbreviation "L. L. C."
Enter new principal offices address, if applicable:	232 Potenza Loop	The mine values and a second
Principal office address MUST BE A STREET ADDRESS)	Nokomis, FL 34275	12 12
	·	i: -;
		5 6
Inter new mailing address, if applicable:	PO Box 25	
Mailing address MAY BE A POST OFFICE BOX)	Nokomis, FL 34274	
		, <del>, ,</del>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new regi
generality the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	City	Zip 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.

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>	Address	Type of Action
			□Add
			□Remove
			□Change
<del></del>			□Add
			□ Remove
<u>.</u>			□ Add
			□Remove
			□ Change
		☐Add	
		☐Remove	
		□Change	
			□Add
		□Remove	
		-	
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an et <u>Note:</u>	tive date, if other than the date of filing:
f the reco ecord 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 iled.
Dated	9-18-2024
	9-18-2024  Mile A. Faison  Signature of a member or authorized representative of a member
	Julie A Larson  Typed or printed name of signee

Filing Fee: \$25.00