

L14 000 164509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

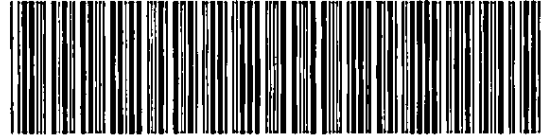
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400351136674

08/27/20--01025--002 **55.00

2020 OCT 1 7 PM 4:30

Amend/CC

OCT 1 1 2020
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 451 Specialty LLC
_____ Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie T. Figueiredo

Name of Person

Firm/Company

1096 Oswego Lane

Address

The Villages, Fl. 32162

City/State and Zip Code

Marie.marmac@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Figueiredo 407 920-0750
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed 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 checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|---|--|

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**

451 Specialty 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 October 20, 2014 and assigned
Florida document number L14000164509

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

ROBERT J. MAKSIMOWICZ

530 S. RONALD REAGAN BLVD #100

LONGWOOD, FL. 32750

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MARIE T. FIGUEIREDO

1096 OSWEGO LANE

THE VILLAGES, FL. 32162

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:

MARIE T. FIGUEIREDO

New Registered Office Address:

1096 OSWEGO LANE

Enter Florida street address

THE VILLAGES

Florida 32162

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marie T. Figueiredo	1096 Oswego Lane	<input type="checkbox"/> Add
		The Villages, Fl 32162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert J. Maksimowicz	530 S. Ronald Reagan Blvd #100	<input type="checkbox"/> Add
		Longwood, Fl. 32750	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jamie M. Howard	7249 E. Wynfield Loop	<input type="checkbox"/> Add
		Midland, Georgia 31820	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ROBERT J. MAKSIMOWICZ 900 SHARES

JAMIE M. HOWARD 100 SHARES

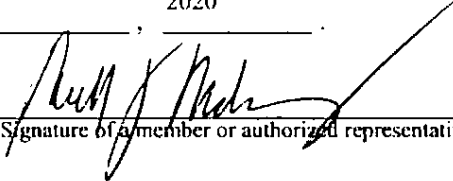
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated AUGUST 24, 2020



Signature of a member or authorized representative of a member

ROBERT J. MAKSIMOWICZ

Typed or printed name of signee