L14000194316

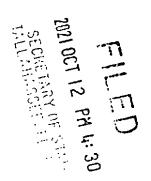
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divis	sion of Corp	porations		
CUB LOCE (CHRISTOP	HER ARGABRITE, LLC		
SUBJECT: _		Name of Limi	ited Liability Company	
The enclosed .	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspor	ndence concerning this matter	to the following:	
		Christopher Argabrite		
			Name of Person	
		Christopher Argabrite, LLC		
Firm/Company 17921 Timber View St Address				y -143 Au-
				, <u>, , , , , , , , , , , , , , , , , , </u>
		Tampa, FI 33647		
			City/State and Zip Code	
		chris@agtampahomes.com		
		E-mail address: (t	o be used for future annual rep	ort notification)
For further inf	ormation co	ncerning this matter, please ca	all:	
Christopher A	rgabrite		813 992-6	111
	Name of	Person		Daytime Telephone Number
Enclosed is a c	check for the	e following amount:		
		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	i <u>ng</u> Address		<u>Street Addi</u>	
	istration S			on Section
	Sion of Co Box 6327	orporations 7		of Corporations e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION 2021 OCT 12 PM 4: 30

SECRETARY OF STATE

CHRISTOPHER ARGABRITE, 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 I	Liability Company	were filed on	and assigned
Florida document number L14000194316			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
TRICIA ARGABRITE, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a	address on our records, <u>ente</u>	τ the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	17921 Timber \		
		Enter Florida street addr	exs
	Tampa	F	lorida <u>33647</u>
		City	7ip 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 mv 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
			□Remove
			□Change
			Петюче
			□Add
			TRemove
		-	□ Change
			□ Remove
			Change
			
			🖸 Remove
			∏Change

			.,	

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ective date, if other than the reffective date is listed, the date mus	date of filing: t be specific and cannot be	nrior to date of filing o	(opti or more than 90 days afte	onal) r filing) Pursuant to 605 020
te: If the date inserted in this ble	ock does not meet the a	pplicable statutory (
cument's effective date on the D	partment of State's rec	cords.		
cord specifies a delayed effective	date, but not an effect	ive time, at 12:01 a.	m. on the earlier of: (?) The 90th day after the
s filed.	2021			
s filed.	. 2021	·		
s filed.	· 202i	·		
s filed. ed October 4th	is.	authorized representa	tive of a member	
s filed. October 4th	Signature of a member or	authorized representa	tive of a member	

Filing Fee: \$25.00