## L160000 2025F

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## **COVER LETTER**

TO: Registration Se Division of Co			
14995 BAI SUBJECT:	RLETTA WAY, LLC		
	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub ondence concerning this matter	-	
	Steven I. Greenwald, Esq.		
	<del></del>	Name of Person	
	Law Offices of Steven I. (	Greenwald, PA	_ For
	<del></del>	Firm/Company	——————————————————————————————————————
	6971 N. Federal Highway	, Suite 105	AUG 30 AM 11: 41
		Address	
	Boca Raton, FL 33487		
	<del></del>	City/State and Zip Code	
	sigreenwaldlaw@att.net		
		to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Susan Margolies		561 994-5560 x 1	04
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION**

14995 Barletta Way, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number L16000020258	Company were filed on 01/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
14987 Barletta Way, LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>5</b>
(Principal office address MUST BE A STREET ADD	RESS)	AL ARE
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	istered office address on our records, <u>en</u> dress here:	ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Liner 1 tor taa Street aaaress	
	, Florida	Zip Code
Naw Begistered Agent's Signature if shanging Peristan	·	гір Соае

## 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

ANIDK = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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lf an cfl <b>Note:</b>	ive date, if other than the date of filing:	.0207 ( ed as t
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated	8:29:16	
	·	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00