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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

| TO: Registration<br>Division of C | n Section<br>Corporations                              |   |
|-----------------------------------|--|---|
|                                   | NTHA KOTLIK REALTOR PLL                                | c   |
| SUBJECT:                          | Name of Lin  | nited Liability Company   |
| The enclosed Articles             | of Amendment and fee(s) are sub                        | omitted for filing.   |
| Please return all corre           | espondence concerning this matter                      | to the following:   |
|                                   | SAMANTHA KOTLIK  |   |
|                                   |  | Name of Person  |
|                                   | SAMANTHA KOTLIK R                                      | EALTOR PLLC   |
|                                   | Firm/Company   |   |
|                                   | 10159 CHERRY HILLS A                                   | AVE CIRCLE  |
|                                   |  | Address   |
|                                   | BRADENTON, FL, 3420                                    | 2   |
|                                   |  | City/State and Zip Code   |
|                                   | samkotlik@gmail.com                                    |   |
| For further informatic            | E-mail address:<br>on concerning this matter, please o | (to be used for future annual report notification)  |
| SAMANTHA KOTL                     |  |   |
| Nan                               | ne of Person   | at (  |
| Enclosed is a check for           | or the following amount:                               |   |
| ■ \$25.00 Filing Fee              | : ☐ \$30.00 Filing Fee & Certificate of Status         | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| <u>Mailing Add</u><br>Registratio |  | Street Address: Registration Section  |
|                                   | f Corporations   | Division of Corporations  |
| P.O. Box 6                        | 5327   | The Centre of Tallahassee   |
| Tallahasse                        | e, FL 32314  | 2415 N. Monroe Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAMANTHA KOTLIK REALTOR PLLC   |  |                                |
|--|--|--------------------------------|
| (Name of the Limited Liability Com<br>(A Florida Limited   | pany as it now appears on our record<br>H Liability Company) | ds.)                           |
| The Articles of Organization for this Limited Liability Companies of Organization for this Companies of Organiz | y were filed on 2/11/2016                                    | and assigned                   |
| This amendment is submitted to amend the following:  |  |                                |
| A. If amending name, enter the new name of the limited lia   | bility company here:   |                                |
| SAMANTHA KOTLIK PLLC   |  |                                |
| The new name must be distinguishable and contain the words "Limited Lia  | bility Company," the designation "LLC                        | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                                |
| (Principal office address MUST BE <u>A STREET ADDRESS)</u>   |  | 9 72                           |
|  |  | 7. EC. 24 D                    |
|  |  |                                |
| Enter new mailing address, if applicable:  |  | 27 27                          |
| Mailing address MAY BE A POST OFFICE BOX)  |  | g = 1.                         |
| Multing dadress MAT DE ATOST OFFICE BOXY   | <del> </del>   | ည်လို့ လို့                    |
|  |  |                                |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | e address on our records, <u>enter</u>                       | the name of the new regis      |
| Name of New Registered Agent:  | ···  |                                |
| New Registered Office Address:   |  |                                |
|  | Enter Florida street addre:                                  | SS                             |
|  | , FI   | lorida                         |
| <del></del>  | 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 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   |
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| <u>te:</u> If the date ins          | ther than the dat<br>sted, the date must be<br>serted in this block<br>to date on the Depar | does not mee   | et the applica  | o date of filing<br>ble statutory | or more than 90<br>filing requiren | (optio       | nal)               | : to 605.020   |
|                                     |   |                |                 |                                   |                                    |              |                    |                |
| record specifies a c<br>l is filed. | lelayed effective da  | te, but not ar | ı effective tir | ne, at 12:01 a                    | .m. on the ear                     | lier of: (b) | The 90th da        | ıy after the   |
| 12/17/2024                          |   |                |                 |                                   |                                    |              |                    |                |
| ntod                                |   |                | <u> </u>        | _ :                               |                                    |              |                    |                |
| Pated                               |   | ( '            | JKH.            |                                   |                                    |              |                    |                |

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