

L16 000066501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

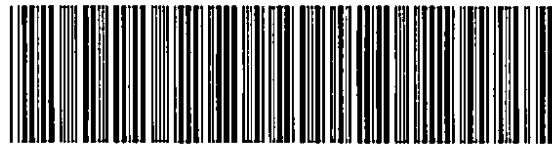
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 23 2021

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2021 SEP 15 PM 3:44

SEP

9/15/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
21 SEP 15 PM 1:41

August 31, 2021

ANDREA CUSICK
2338 HAGERICK LN.
NORTHPORT, FL 34288

SUBJECT: ANDREA VIKOR, LLC
Ref. Number: L16000066501

We have received your document for ANDREA VIKOR, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 521A00020980

9-13-21

Please see updated form
thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrea Viktor 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:

Andrea Cusick
Name of Person

Firm/Company

2338 Hagerick Ln. North Port FL 34288
Address

City/State and Zip Code

Andrea.viktor@lawco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Cusick at (941) 961-9843
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

Andrea Viktor 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 4-4-2016 and assigned
Florida document number L1600006de501.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Andrea Cusick LLC

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)

2338 Hagerick Ln.
North Port, FL 34288

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2338 Hagerick Ln.
North Port, FL 34288

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:

Andrea Cusick

New Registered Office Address:

2338 Hagerick Ln.

North Port

Florida

34288

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 603, 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.

Andrea Cusick

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

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E. Effective date, if other than the date of filing: 8-19-21 (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 18, 2021

Acce

Signature of a member or authorized representative of a member

Andrea Cusick

Typed or printed name of signee

Filing Fee: \$25.00