11000258643

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

800307823068

01/22/18---01010--013 **25.00



Office Use Only

6		COVER LETTER	
I'O: Registration S Division of Co			
	er Street LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Rasa Kaplan		
		Name of Person	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,_,,,_,,,,	Firm/Company	
	12417 Hidden Brook Dri	ve	
		Address	
	Tampa FL 33624		
		City/State and Zip Code	
	rasakaplan@gmail.com	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c		
Rasa Kaplan		727 4183261	
	of Person	at ()	Telephone Number
Enclosed is a check for t	the 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)
ман	UNG ADDRESS:	STREET/COURIE	R ADDRESS:
Regist	tration Section	Registration Section	I
Regist Divisi P.O. I			tions

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9318 Elmer Street 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 01/01/2018 and assigned Florida document number L17000258643

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 "LLC"

Enter new principal offices address, if applicable:	12417 Hidden Brook Drive	- Fo
(Principal office address MUST BE A STREET ADDRESS)	Tampa FL 33624	ECF
······································		F AHA AHA
		NRY SSE
Enter new mailing address, if applicable:		AN EPPC
(Mailing address MAY BE A POST OFFICE BOX)		STA LOF
		100 × 100 ×

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
_	, City	Florida

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Rasa Kaplan	12417 Hidden Brook Drive	🖬 Add
		Tampa FI 33624	
			Change
MGR	Linda Lewis	535 Paul Nicholson Rd	🗆 Add
		Blarisville GA 30512	Remove
			Change
			🛛 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			🖸 Add
			Remove
			Change
			Add
			Remove
			Change

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

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18 JAN 22	FI SECRETAR TALLAHAS
JAN 22 AM 11: 09	FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
 . <u>.</u>	-

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.

January 9 Dated	2018	
X Vinda (ignature of a member or authorized represe	ntative of a member
Linda Lewis		Rasa Kaplan
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00