

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COTTRELL TAX & ACCOUNTING, LLC
Account Number : 120230000179
Phone : (239)449-4881
Fax Number : (239)591-2359

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: rebecca.sinatra@premiersiv.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
REBECCA EVELYNN SINATRA, PLLC

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FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

H24000 4172093

TO: Registration Section
Division of Corporations

SUBJECT: Rebecca Evelyn Sinatra, PLLC

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:

Tom Wehr

Name of Person

Cottrell Tax & Associates LLC

Firm/Company

5633 Naples Blvd

Address

Naples, FL 34109

City/State and Zip Code

tom@cta.tax

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Wehr

239 449-4881
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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)

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

H24000 4172093

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000 4172093

Rebecca Evelyn Sinatra, PLLC

(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 01/11/2018 and assigned
Florida document number L18000010398.

This amendment is submitted to amend the following:

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

Rebecca Sinatra Trika, PLLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Cottrell Tax & Associates, LLC

New Registered Office Address:

5633 Naples Blvd

Enter Florida street address

Naples

City

Florida 34109

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sinatra, Rebecca E.	14568 Tuscany Pointe Trail	<input type="checkbox"/> Add
		Naples, FL 34120	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Trika, Rebecca S.	16726 Prato Way	<input checked="" type="checkbox"/> Add
		Naples, FL 34110	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

please note that the sole member of this PLLC changed her name to Rebecca Sinatra Trika

please note that the sole member of this PLLC changed her name to Rebecca Sinatra Trika

E. Effective date, if other than the date of filing: _____ (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 December 18th, 2024

Rebecca Simatra Triko

Signature of a member or authorized representative of a member

Rebecca Sinatra Trika

Typed or printed name of signer

Filing Fee: \$25.00

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