L18000023497

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

SUBJECT: 4040 Galt Ocean Drive 911 LLC Name of Limited Liability Company	
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:	
Kai Stadler Name of Person	
4040 Galt Ocah Drive 911 LLC Firm/Company	
218 Commercial 13lvd # 106	
Landardale . by - the - Sea, FZ 33308 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Cai Stadler at (954) 696-3504 Name of Person Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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 OF

The Articles of Organization for this Limited Liability Compar	11/25/2018
Florida document number <u>L18000023497</u>	ry were med onALLAHASSEE. FEOREDA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "ELC" or the abbreviation "E.E.C."
Enter new principal offices address, if applicable:	419
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	nla
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	
Name of New Registered Agent:	1/9
New Registered Office Address:	me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." we principal offices address, if applicable: I office address MUST BE A STREET ADDRESS) we mailing address, if applicable: address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new dagent and/or the new registered office address here:
	Enter Florida street address
Name Designated Agency Signature if changing Pagistared Agen	4.9
	<u>II</u>

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Marian Holescak	218 Commercial Bird #106 Louderdele FL 32368	Add
			Remove
			Change
			🗆 Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
	<u>.</u>		🗆 Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change

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(If an effective Note: If th	date, if other than the date of filing:	nt to 605,020 be listed a
the record The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the th day after the record is filed.	earlier o
	4/16/ 1 2019	
Dated	h bhilling	

Page 3 of 3

Filing Fee: \$25.00