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SECRETARY OF STATE

## **COVER LETTER**

Division of Co							
	Korte & Associates LLC						
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Brian Korte						
		Name of Person					
	Korte & Associates LLC			2023 SEP 15 PH 3: 33 SECRETARY OF STATE TALLAHASSEE, FL			
		Firm/Company		SE	1877		
	2655 N Ocean Drive Suite		1AR AH	و چو دان د			
		Address		<b>P</b> 1 0 1 5 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Singer Island, FL 33404						
		City/State and Zip Code	<del></del>	33			
	bkorte@kortepa.com						
		o be used for future annual report notif	(cation)				
For further information (	concerning this matter, please ca	all:					
Brian Korte		561 252-3404					
Name	of Person	Area Code Daytime	Telephone Number				
Enclosed is a check for t	the following amount:						
	S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filin	ig Fee,			
宣 \$25,00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)					
Mailing Addre		Street Address:	ction				
Registration Division of 0	Section Corporations	Registration Section Division of Corporations					
P.O. Box 63		The Centre of Tallahassee					

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Korte & Associates LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on ou Liability Company)	r_records.)	
The Articles of Organization for this Limited Liability Company Florida document number L18000070815	y were filed on 3.19.2018		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Korte & Associates PLLC		<del></del>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	Same		
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BON	Same		2023 SEP SECRETIA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name :	FIGURE 13: 33
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida stre	et address	
		, Florida	
	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 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>Name</u> Type of Action Title. Address \_\_\_\_\_ DAdd \_\_\_\_ □Remove \_\_\_\_\_ Change STOCKS IN □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Change \_\_\_\_\_ □Add \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_\_\_\_\_ □Add □Remove

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_				d cannot be prior meet the applic	to date of filing	or more than 90 c	lays after filing ents this date	) Pursuant to will not be	605.020 listed a	7 ( 5 t
<u>Note</u> docu	If the date in ment's effective	serted in this o e date on the f	lock does not. Department of	State's records.	anc statutory	inna reduirem	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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Date	d <u>3.25.2023</u>	<del>//-</del> -		·	<u> </u>					
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	— <del>-                                   </del>		Signature of a	member or author	orized represent	ative of a member	r		-	
	Brian K									

Filing Fee: \$25.00