

L18000107527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

(Business Entity Name)

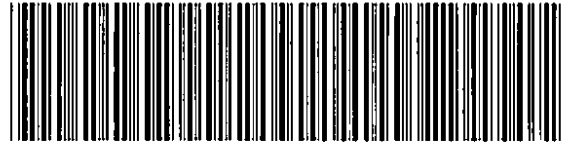
(Document Number)

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LLC Amend

08/22/23--01020--018 **25.00

2023 AUG 22 AM 8:47

FILED

A. RAMSEY
SEP 13 2023

DOZIER & DOZIER

ATTORNEYS AT LAW

LAMAR B. DOZIER (1906 - 1998)

THOMAS A. DOZIER
TDOZIER@DOZIERATTORNEYS.COM

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2407 FRUITVILLE ROAD
SARASOTA, FLORIDA 34237
TELEPHONE: (941) 953-5797
FAX: (941) 373-1232

August 15, 2023

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 40 King Arthur, LLC

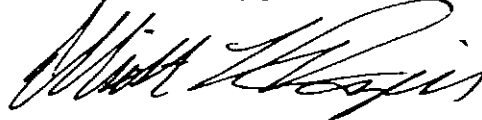
Gentlemen:

Enclosed is the original and a copy of the Articles of Amendment for the above named Limited Liability Company to be filed with the Secretary of State, along with our check in the amount of \$25.00 to cover the filing fee. Please have the enclosed copy of the Articles of Amendment stamped with a filing date, and return it to our office along with your cover letter providing the assigned document number. We do not need a certified copy.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

DOZIER & DOZIER



Elliott L. Dozier

ELD/bap
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 40 KING ARTHUR, 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:

Adam Wieczorek

Name of Person

40 KING ARTHUR, LLC

Firm/Company

3994 Hina Drive

Address

Sarasota, FL 34241

City/State and Zip Code

Burst242@gmail.com

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

For further information concerning this matter, please call:

Adam Wieczorek

273

477-2451

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2023 AUG 22 AM 8:47

40 KING ARTHUR, 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 APRIL 30, 2018 and assigned
Florida document number L18000107527.

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 "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:

ADAM WIECZOREK

New Registered Office Address:

3994 Hina Drive

Enter Florida street address

Sarasota

City

Florida 34241

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ADAM WIECZOREK, JR.	3994 HINA DRIVE, SARASOTA, FL 34241	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MICHAEL WIECZOREK	3994 HINA DRIVE, SARASOTA, FL 34241	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.

08/11/23

ADAM WIECZOREK
Typed or printed name of signer

Filing Fee: \$25.00