(Requestor's Name)
(Address)
(Address)
(Cib. (Chana Zia (Ohana 4)
(City/State/Zip/Phone #)
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, , ,
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
S&L 199 SUBJECT:	53 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	LORI A SCARNECCHIA		
		Name of Person	
	S & L 1953 LLC		
		Firm/Company	<u> </u>
	584 FANSHAW N		
		Address	<del></del>
	BOCA RATON, FL 33434		
	mustang43053@aol.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	cation)
For further information ec	oncerning this matter, please co	all:	
LORI A SCARNECCHI	A	561 289-2066	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2018 DEC 13 PM 1: 09 S&L 1953 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 JULY 16,2018 and assigned Florida document number L18000170556 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: New Registered Office Address: Enter Florida street address

## 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.

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If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

. 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	LORI A SCARNECCHIA	584 FANSHAW N BOCA RATON, FL 33434	■ Add
			☐ Remove
			Change
		<del></del>	□ Remove
			Change
			Add
			□ Remove
			Change
	-		
		<del></del>	☐ Remove
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ote: If the date inserte	the date of filing: the date must be specific and cannot be per in this block does not meet the apite on the Department of State's reco	plicable statutory filing re	(optional) than 90 days after filing.) Pursuant to quirements, this date will not be	o 605.0207 ( e listed as t
	a delayed effective date, but or the record is filed.	not an effective time	e, at 12:01 a.m. on the e	earlier of:
Pated	. 201	<u>15</u> .	(a)	
		<i>V</i>	<i>-&gt;−<b>೯</b>1</i> ∧	

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Typed or printed name of signee

Filing Fee: \$25.00