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(Requestor's Name)
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status





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JUL 21 2010

LAW OFFICE OF CONRAD WILLKOMM, P.A.

3201 TAMIAMI TRAIL NORTH • 2ND FLOOR • NAPLES, FLORIDA 34103

June 15, 2020

VIA UPS GROUND

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

RE: Matter: - Articles of Amendment Filing – Mozart Florida, LLC File No. 20R.0665.AM

To Whom It May Concern:

For the above referenced matter enclosed please find:

- Check No. 2975 in the amount of \$60.00, representing payment for the Filing Fee, Certificate of Status, and Certified Copy for Mozart Florida, LLC;
- Cover Letter for LLC; and
- > Articles of Amendment to Articles of Organization.

If you have any questions, please do not hesitate to contact our office. Thank you for allowing us to be of service to you.

Respectfully,

LAW OFFICE OF CONRAD WILLKOMM, P.A.

Desiree' A. Boissiere

Paralegal

Enclosures

COVER LETTER

	Registration Sc Division of Cor					
. 14 1 h x 4 h 2 d 2	Mozart Flo					
SUBJEC	T:	Name of Lim	Name of Limited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	turn all correspo	ondence concerning this matter	to the following:			
		Amber R. Mondock, Esq.				
			Name of Person			
		Law Office of Conrad Wil	llkomm, P.A.			
			Firm/Company	· · · · ·		
	3201 Tamiami Trail N., 2nd Floor					
			Address			
		Naples, FL 34103				
			City/State and Zip Code			
		amber@swfloridalaw.com				
		E-mail address: (to be used for future annual report noti	ilication)		
For further	er information c	concerning this matter, please c	all:			
Amber R	l, Mondock, Esc	4.	239 262-5303			
	Name o	of Person	at () Area Code Daytim	ne Telephone Number		
Enclosed	is a check for the	he following amount:				
€ \$25.0	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 Addres Registration	Section	Street Address: Registration Se			
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 0 117 04 3: 05

Mozart Florida, LLC		
(Name of the Limited Liability Comp	any as it now appears on our record Liability Company)	<u>ls.</u>)
	. , ,	
ne Articles of Organization for this Limited Liability Company	y were filed on 11/16/2018	and assigned
orida document number 1.18000268226		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lial	bility company here:	
ne new name must be distinguishable and contain the words "Limited Linb	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Iailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new regist
CHARLES THE BEST THE STATE OF T		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ts .
	171	orida
	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. Thereby 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>	Address	Type of Action
MGR	Amber R. Mondock	3201 Tamiami Trail N., 2nd Floor	
		Naples, FL 34103	□Remove
			⊡Change
			ClAdd
			□Remove
			□Change
			□Add
			□Remove
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			⊡Change

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ffective date, if other than the an effective date is listed, the date mulate: If the date inserted in this blocument's effective date on the I	e date of filing; ist be specific and clock does not me Department of Sta	cannot be prior to ret the applicable ate's records.	date of filing or more e statutory filing t	(optio than 90 days after requirements, this	nal) filing.) Pursuant to 605 date will not be list	i.020 .ed s
record specifies a delayed effecti is filed.	ve date, but not a	n effective time	, at 12;01 a.m. on	the earlier of: (b)	The 90th day after	тth
ated June		2020				
		1				
		145/				
	Signature of Cause	einter or authoriz	ed representative of	a member	•	

Filing Fee: \$25.00