

L18 000 284 601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100393954951

09/12/22--01022--022 **30.00

22 SEP 12 PM 3:32
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Francia Korsak 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:

Francia Korsak
Name of Person

Francia Korsak LLC
Firm/Company

715 SW 13th Terrace
Address

Cape Coral Florida 33991
City/State and Zip Code

francia.realtor.1@gmail.com
E-mail address: (to be used for future annual report notification)

22 SEP 12 PM 3:32

SECTION OF
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Francia Korsak at (239) 600-9021
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**

Francia Korsak 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 12/11/2018 and assigned Florida document number L18000284601.

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

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

MGR = Manager
AMBR = Authorized Member

MGR	Avellina Korsak	1299 SE 47 th St Suite C1, Cape Coral, FL 33904.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

AMBR Francis Korsak 1222 SE 47th St Cape Coral
Florida 33904 ☒ Add

☐ Remove

☐ Change

UNIVERSITY OF SOUTHERN CALIFORNIA	
INSTITUTION OF CREATION	
22 SEP 12 PM 3:32	
<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Add	<input type="checkbox"/> Remove
<input type="checkbox"/> Change	<input type="checkbox"/> Add
<input type="checkbox"/> Add	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Notes My name is Avellina Korsak and I
accept the appointment of a new agent. I am
familiar with and accepts the obligations of the
position.

Avellina Korsak 9/9/2022

22 SEP 12 PM 3:32

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 9/9/2022

Francis Korsak
Signature of a member or authorized representative of a member

Francis Korsak
Typed or printed name of signer