# L1900006615

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v

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11/07/19--01012--003 \*+25.00

THE TOTAL



## **COVER LETTER**

	egistration Se ivision of Cor			
	ECKSTEIN			
SUBJECT	:		ited Liability Company	
The under	ad Antialia at	Amendment and fee(s) are sub	united at the other	
		indence concerning this matter		
		BJ Cottrell		
		<u> </u>	Name of Person	
		Cottrell Tax & Accounting	3. LLC	
			Firm/Company	
		5147 Castello Drive		
			Aildress	<u> </u>
		Naples, FL 34103		
			City/State and Zip Code	<u> </u>
		admin@cottrelltax.com		
For further	information e	oncerning this matter, please c	to be used for future annual report no all:	diffication)
BJ Cottrell	I		239 449-4881	
	Name o	t Person	at () Area Code Dayti	me Telephone Number
Enclosed is	a check for th	re 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)
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL (	orations Center Circle

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

the second

ECKSTEIN.LLC	
( <u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability C	Company) 2: 3.
The Articles of Organization for this Limited Liability Company were fi Florida document number <u>L19000006615</u> .	led on 01/04/2019 State All Action and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	mpany here:
ANNA VALERIYIVNA ECKSTEIN, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LEC" 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>B.</b> If amending the registered agent and/or registered office ag	ldress on our records, enter the name of the

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Cottrell Tax & Accounting.	LLC
New Registered Office Address:	5147 Castello Drive	
<u></u>	Ent	er Florida street address
	Naples	, Florida <sup>34103</sup>
	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

#### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			Add
			🗇 Remove
			Change
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			Remove
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		. <u></u>	Change
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		🔄 🛛 Remove	
		·	Change
			🖸 Add
		·	Remove
			Change

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

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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.

October 14th	2019	
	("	
-70	Signature of a member or authorized representative of a member	
Anna Eckstein		
	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00