## 119000078359

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TQ:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

SUBJECT.	1212 COUF	RT ST LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Stephan Koenig		
			Name of Person	
		······································	Firm/Company	
		1528 Walnut St		
			Address	
For further in Stephan Koo  Enclosed is a  S25,00 I		Clearwater, FL 33755		
			City/State and Zip Code	
		stephan@kocnig.us  E-mail address: (	to be used for future annual rep	ort notification)
For further is	nformation c	oncerning this matter, please c		
Stephan Koo	enig		727 478 6 at () Area Code	000
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a	check for th	ne following amount: \$35 h	nave already been paid	
□ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Addi</u> Registrati	r <u>ess:</u> on Section
Div	vision of C	orporations	Division of	of Corporations
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1212 COURT ST 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  $\frac{03/20/2019}{1}$ and assigned Florida document number L19000078359 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: COURT ST LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_\_\_

## 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>	Name	Address	Type of Action
	·		
			Remove
			□ Change
			□Add
		<u> </u>	□Remove
			□Change
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		<u> </u>	□Remove
			□Change

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Signature of a member or authorized representative of a member		M. G.
Signature of amember or authorized representative of a member		V4-X

Filing Fee: \$25.00



September 15, 2023

STEPHAN KOENING 1528 WALNUT ST CLEARWATER, FL 33755

SUBJECT: 1212 COURT ST LLC Ref. Number: L19000078359

We have received your document for 1212 COURT ST LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 623A00021301

Anissa Butler Regulatory Specialist II