## L19000087252

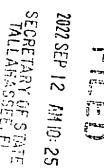
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO: Registration Sec Division of Corp					
Englewood	Novelty, LLC	•			
SUBJECT:	Name of Limi	ited Liability Company			
The englosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
	ndence concerning this matter				
i rease return arr correspo	intence concerning this matter	to the following.			
	Douglas Battaglia				
		Name of Person		-	
		Firm/Company		_	
	1950 Whispering Pines Pt				
		Address		_	
	Englewood, FL 34223			202 SE(	
	2022 SEP 12 SECRETARY TALLAHAS	*****			
	Dougsbattaglia@gmail.com E-mail address: (	to be used for future annual report notific	ration)	AR)	Sec.
For further information c	oncerning this matter, please c	all:		AM SSEE	
Douglas Battaglia		941 232-5391 at ( )		AM 10: 25 OF STATE SEE, FL	U
Name o	f Person		Telephone Numbe	er	
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sectorial Division of Corporate The Centre of Taxonian Street Address:	oorations allahassee		
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite	810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Englewood Novelty, LLC		<u></u>
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Compan		and assigned
Florida document number L19000087252		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		2022 SEP 12 AM SECRETARY OF TALLAHASSEE
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	vs
	, FI	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. I hereby confirm that the limited liability company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
AMBR	Mark H Knauf	2230 S McCall Rd	
		Englewood, FL 34224	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove SECRE Charge
<del></del>			HASSEF STALL
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			□Change
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Tective date, if other than the effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	nust be specifi block does i	ic and car not mee	nnot be pri	licable	e of filing statutory	or more filing re	than 90 de equireme	_ (option  ys after  nts, this	filing.)	Pursuar vill not	it to 605.1 be liste	020 :d a:
record specifies a delayed effectis filed.	tive date, bu	it not an	effective	e time, :	ıt 12:01 a	i.m. on :	the earlic	er of: (b	) The	90th d	lay after	the
ated			2022									
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