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COVER LETTER

Division of Co					
Tall and S	kinny Properties, LLC				
	Name of Lir	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
	ondence concerning this matter				
	Raymond Uzonyi				
		Name of Person			
	Tall and Skinny Propertie	s, LLC			
	-	Firm/Company			
	1744 Corey Wood Circle			19 41)6	REASE TO THE
		Address	 _	ਨ -	- -
	Tallahassee FL, 32304			19 7	 <u>-</u>
	surrealties@gmail.com	City/State and Zip Code		PH 2: 30	
	E-mail address: (to be used for future annual report notifi	cation)	Ö	•
For further information of	concerning this matter, please c	all:			
Raymond Uzonyi		904 708-2675			
Name o	f Person		Telephone Number		
Enclosed is a check for th	ne 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)		
MAII	INC ADDDECC.	CTD C PT/CO	B (BB)		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tall and Skinny Properties, LLC	
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L19000200114	Company were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	DRESS)
Enter new mailing address, if applicable:	2000 2000
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the neddress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Fiorida 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>	<u>Name</u>	Address	Type of Action
MGR	Raymond Uzonyi	1744 Corey Wood Circle Tallahassee FL 32304	
			☐ Remove
		·	Change
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			Remove
			Change
			
			Remove
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			Add
			Remove
		_	Change

"authorized person" (AP) to "n	nanager" (MGR).
	<u> </u>
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	August 15th, 2019
ective date, if other than the deflective date is listed, the date must	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be listed as
union s effective date on the Dep	partment of state's records.
record specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on the earlier o
he 90th day after the reco	
, August 14th	2019
ed	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00