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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TILLETT ALVARADO & PRENDERGAST

Account Number : I20210000002

Phone : (561)345-2416

Fax Number

: (561)907-4965

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION **5444 AMY LANE LLC**

Certificate of Status	0
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Tallahassee, FL 32314

COVER LETTER

TO: Regi	stration Se sion of Cor	ction poràtions		
SUBJECT:	5444 Amy	Lane, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
		•		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Zachary E. Boelkow		
			Name of Person	, ,
		5444 Amy Lane LLC		
			Firm/Company	
		1811 Latelia Ct		
			Address	
		Trinity, FL 34655		
			City/State and Zip Code	
		CLYDEONETIME@HOT	MAIL.COM to be used for future annual report n	arifemation)
For further in:	formation c	oncerning this matter, please c	·	(All Carlotte)
Zachary E. B	oelkow		727 919-0608	
	Name o	f Person	Area Code Dayı	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi		□ \$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)
	ing Addres		Street Address: Registration S	
Div	ision of C	orporations	Division of C	orporations
P.O	. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 09/13/2019	а	nd assigi	ned
lorida document number L19000232253	a	iid daargi	ileu
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company here:			
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviati	ion "L.L.C	
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		_	
nter new mailing address if annicables			
		· · ·	
Cnter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
Mailing address MAY BE A POST OFFICE BOX)	· · · · · ·		
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the na	ine of th	е пежт	egist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the na	nme of th	е пем г	egist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the natent and/or the new registered office address here:	nme of th	e new ro	egist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the na	nme of th	е пем го	egist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the natent and/or the new registered office address here: Name of New Registered Agent:	ine of th	e new ro	egist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the nagent and/or the new registered office address here:	ome of th	123 m in 25 PH	egist
Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	of th	e new ro 25 P 4 3:	egist

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>	Address	Type of Action
MGR	Zachary E. Boelkow	1811 Letelia Ct	
		Trinity, FL 34655	■ Remove
			□Change
MGR	Zachary E. Boelkow Trust Agreem	1811 Letelia Ct	■Add
		Trinity, FL 34655	🖸 Remove
			☐ Change
			□Add
			□ Remove
			Change
			□Add
			Remove
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			Remove
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n effe	ve date, if other than the dat ctive date is listed, the date must be	specific and cannot be r	rior to date of filing or n	(options ore than 90 days after fili	ne.) Pursuant to 605 020
ote: I	If the date inserted in this block int's effective date on the Depar	does not meet the ap	plicable statutory filir	g requirements, this da	te will not be listed as
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ecord	specifies a delayed effective da	te hut not an affectiv	retime at 17-01 a.m.	on the applier of th	The OOth day allow the
is file	ed.	ic, our not an effective	e time, at 12.01 a.m.	on the earner of, (b)	The som day after the
	-	11.			
ited _	May 25	$\sqrt{\frac{2023}{1}}$	· · · · ·		
	/ Kall	1/4			WATER BRIDE
					SIGN HERE

Typed or printed name of signee