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Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

end hezer.	53 LEJEUN	NE SILVERWOOD, 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	ondence concerning this matter	to the following:					
	VU Q TRAN						
	Name of Person						
	53 LEJEUNE SILVERWOOD, LLC						
	Firm/Company						
	333 KETCH CT						
Address							
		ORLANDO, FL 32835					
		City/State and Zip Code					
		vuqtranvn@yahoo.com					
	E-mail address: (	to be used for future annual report no	rification)				
For further information c	oncerning this matter, please ca	all:					
VU Q TRAN		407 492-1192					
Name o	f Person	at () Area Code Daytii	ne Telephone Number				
Enclosed is a check for the	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)				
Mailing Address:		Street Address:					
Registration Section Division of Corporations		Registration Section Division 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

35 WERSTFIELD S	UMMER, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records. ability Company)	)	
he Articles of Organization for this Limited Liability Company valorida document number 1.19000275294	were filed on11/04/2019	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabil	ity company here:		
N/A			
ne new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "LLC"	or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:	N/A	: . 2	
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:	N/A	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
Aailing address MAY BE A POST OFFICE BOX)		\$25 <u>th</u>	
		ज़िंह <b>ट</b> ा	
If amending the registered agent and/or registered office actent and/or the new registered office address here:	idress on our records, <u>enter tl</u> N/A	he name of the new regi	
Name of New Registered Agent:			
New Registered Office Address:	N/A Enter Florida street address		
	Flor	ridaZip Code	
	Se 14,3	np con	

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	LONG H TRAN	333 KETCH CT	<b>≣</b> Add
		ORLANDO, FL 32835	□Remove
			□ Change
			□Remove
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D. If amei	nding any other information	on, enter change(s) her	re: (Attach additiona	al sheets, if necessary.)	
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(If an effe Note:	we date, if other than the detive date is listed, the date must but the date inserted in this blocent's effective date on the Dep	e specific and cannot be priok does not meet the appli-	cable statutory filing r	(optional) than 90 days after filing.) Pu equirements, this date wil	arsuant to 605 0207 (3)(1) If not be listed as the
If the record record is file	I specifies a delayed effective od.	date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	0th day after the
Dated_	December 2nd	. 2024			
		ignature of a member or aud	horized representative of	a member	
		VU Q	TRAN		
		Typed or prin	ited name of signee		

Filing Fee: \$25.00