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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	any Jane Name of Lim	SCCF als, LL uited Liability Company	<u>-C</u>
The enclosed Articles of a	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Karer	Name of Person	
		Firm/Company	
	6411 Grand	1 Estuary Train	1 Un+308
	Bradento	City/State and Zip Code	34212
	K Konto E-mail address: (	to be used for future alnual report notion	Com fication)
For further information co	oncerning this matter, please ca	all:	
Karen Kol	Atout Person	at ( <u>991</u> ) <u>794</u> Area Code Daytim	- 7433 e Telephone Number
Enclosed is a check for the	e following amount:		
S25.00 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:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Mary Jone Siria	uls LLC
(A sme of the Limited Lability Comp. (A Florida Limited	art et it row appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 11/7/2019 and assigned
This amendment is submitted to amend the following:	- <del></del>
A. If amending name, enter the new name of the limited list	willty company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.LC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Dunedin, Florida 34698
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1307 Ranchwood Dr E Dunedin, Florida 34698
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
	Ili Cohen
New Registered Office Address: 1307	Ranchwood Or E  Enter Florida street address
Dune	20in Florida 34698  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 uccept 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
AP	Karen Kontout	6411 Grand Estuary Trail	Unit 308 _□Add
		6411 Grand Estuary Trail Bradenton, Fl. 34212	Remove
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ffectiv	e date, if other t	than the date of fill	ing:		···	!	(optional)		
ote: I	f the date inserted	e date must be specific a in this block does no	t meet the a	ipplicable st	atutory filing i	e than 90 day requirement	s after filing.) P s, this date wi	ursuant to ill not be	o 605.020 e listed a
ocumei	it's effective date	on the Department o	f State's rec	cords.					
		d effective date, but n	ot an effect	tive time, at	12:01 a.m. on	the earlier	of: (b) The 9	90th day	after the
	· ·	001/0	2	020					
l is filed	Febru								
	Febru		-	_A_	A				

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)