

L20 0000 23224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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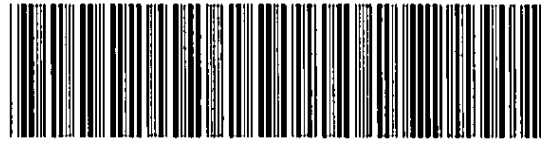
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T-UNLIMITED LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH GINORI

Name of Person

BOYER GINORI CPAS LLC

Firm/Company

1645 PALM BEACH LAKES BLVD STE 480

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

slepschy@dimor.aero

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH GINORI

561 323-6520
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
TO
ARTICLES OF ORGANIZATION
OF**

T-UNLIMITED LLC

(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 01/16/2020 and assigned
Florida document number 1.20000023224.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1645 PALM BEACH LAKES BLVD, STE 1200

(Principal office address MUST BE A STREET ADDRESS)

WEST PALM BEACH, FL 33401

Enter new mailing address, if applicable:

1645 PALM BEACH LAKES BLVD, STE 1200

(Mailing address MAY BE A POST OFFICE BOX)

WEST PALM BEACH, FL 33401

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SVEN LEPSCHY

New Registered Office Address:

1645 PALM BEACH LAKES BLVD, STE 1200

Enter Florida street address

WEST PALM BEACH

Florida 33401

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	LEPSCHY, SVEN	1645 PALM BEACH LAKES BLVD. STE 1200	<input type="checkbox"/> Add
		WEST PALM BEACH, FL 33401	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JACKSONVILLE, FL

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CLERK OF STATE
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated SEPTEMBER 25 2020

SVEN LEPSCHY

Filing Fee: \$25.00