

L20 0000 66678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

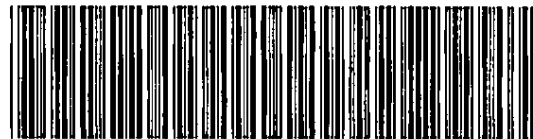
(Business Entity Name)

(Document Number)

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2022 AUG 10 PM 1:01

STP

2022/08/10

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Herri Privitera 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:

Herri McCracken  
Name of Person

Firm/Company

4136 Scoter Place  
Address

Leeburg, FL 34748  
City/State and Zip Code

~~Herri~~ Herri.McCracken83@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herri McCracken at (352) 223 7356  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Kerri Privitera LLC

2022 AUG 10 PM 1:01

(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 2/28/2020 and assigned Florida document number L200000066678

This amendment is submitted to amend the following:

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

Kerri McCracken LLC

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

4136 Scoter Place  
Leesburg, FL 34748

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4136 Scoter Place  
Leesburg, FL 34748

**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:

Kerri ~~Privitera~~ McCracken

New Registered Office Address:

4136 Scoter Place

Enter Florida street address

Leesburg

City

Florida

34748

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.*

Kerri McCracken

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	Kerri Privitera LLC	2114 Niccollet Way Leosburg, FL 34748	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Kerri McCracken LLC	<input checked="" type="checkbox"/> Change
		4136 Scoter Place Leosburg, FL 34748	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2012 AUG 10 PM 11:01

202 AUG 10 PM 1:00

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 8/4, 2022

Keeni McCracker

Signature of a member or authorized representative of a member

Herij McCracken

Typed or printed name of signee