

120000 109587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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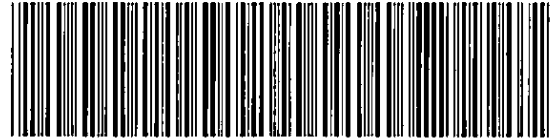
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

KH
1/30/24

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Small Treasure Island, 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:

Gergely Madaras

Name of Person

Small Treasure Island, LLC

Firm/Company

1699 SW 7th St. APT. 207

Address

Miami, Florida, 33135

City/State and Zip Code

g@madaras.me

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

For further information concerning this matter, please call:

Gergely Madaras

954 at ()

6044454

Name of Person

Area Code

Daytime Telephone Number

2024 JAN 12 PM 4:36
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

Street Address:

Registration Section
Division of Corporations

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Small Treasure Island, 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 April 22, 2020 and assigned
Florida document number L20000109587.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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>
AMBR	Ferenc Turi	1699 SW 7th St. APT. 207	<input type="checkbox"/> Add
		Miami, FL, 33135	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Gergely Madaras	2350 NE 14th St. CSWY APT.307	<input type="checkbox"/> Add
		Pompano Beach, FL, 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	5536 Altman, LLC	30 N Gloud St STE. R	<input type="checkbox"/> Add
		Sheridan, WY, 82801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gergely Madaras	2350 NE 14th St. CSWY APT.307	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL, 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 JUN 16 PM 3:06
STATE OF FL
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2024 JAN 12 PM 4:36
STATE
OFFICE
TALLAHASSEE, FL

2024 JAN 12 PM 4:36
STATE
FL

7
CONFIDENTIAL
JAN 1964
[REDACTED]
[REDACTED]

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 31 2023

Signature of a member or authorized representative of a member

Ferenc Turi

Typed or printed name of signee