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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	J. HORNE	10/18

Office Use Only



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2021 OCT 18 PM 1: 15
SECRETARY OF STATE
MATERIAL SCIENCE TO THE



7021 CCT 18 PM 1:41 FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2021

CHRIS SZATKO 301 SW 1ST AVE APT 1811 FORT LAUDERDALE, FL 33301 US

SUBJECT: SZATKO ENTERPRISES LLC

Ref. Number: L20000123123

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 021A00023517

COVER LETTER

Division of	Corporations	i		
SUBJECT:	Szatko	Enterprises	LLC	
SUBJECT.		Name of Limite	d Liability Company	
The enclosed Article	s of Amendme	ent and fee(s) are submi	itted for filing.	
Please return all corr	espondence co	oncerning this matter to	the following:	
	ul uria.	Chris s	Szatko Name of Person	····
	<u></u>	Szati	ko Enterprises LL	, C
			Firm/Company	
		301 SW	15+ Ave. Apt. 1811 Address	<u> </u>
		Fort Laude	idale FL 33	301
		Alcia co	chale FL 33 City/State and Zip Code tko@gmail.com	
		E-mail address: (to	be used for future annual report notific	cation)
For further informati	ion concerning	this matter, please call	:	
Chri	S SZAT	^t ko	at (430) 95	7-7517
Na	me of Person		Area Code Daytime	Telephone Number
Enclosed is a check	for the followi	ng amount:		
S25.00 Filing Fo		0.00 Filing Fee & ertificate 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 Ad			Street Address:	
•	ion Section of Corporati	ons	Registration Sectory Division of Corp	
P.O. Box	•	- ·	The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

Szati	to Enter,	prises LL	ZIUCI 18 PM	l: 15
(Name of the Limited Li (A F	ability Compan orida Limited Li	y <u>as it now appears of</u> ability Company) — i ?	pir records.	(4.)
The Articles of Organization for this Limited Liabili Florida document number <u>L2000 1231</u>	ity Company v		5/18/2020	and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabil	ity company here:		
The new name must be distinguishable and contain the words	"Limited Liabili			
Enter new principal offices address, if applicable	:	<u>301 SW</u>	1st Ave	
(Principal office address MUST BE A STREET A	DDRESS)	301 SW Apt. 18 Fort Law	ll derdale FL	33301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	Ó	301 SW Apt. 181 Fort La	1st Ave	
Transfer was the first bary to be the bary to be th	2	Fort La	uderdole f	FL 333 <u>01</u>
B. If amending the registered agent and/or registagent and/or the new registered office address he		ddress on our reco	rds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	Chr	SW 1 st Ave. Enter Florida City	zatko	
New Registered Office Address:	301	Sw 1 st Ave. Enter Florida	Apt. 1811 street address	<u>/</u>
_	Fort La	uderdale	Florida	3330/ 7in Code
		(.ii)		Esp Com

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
			□Add
			Remove
			☐ Change
			□Add
			□Rетоve
			□Change
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			□Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E. Effective date, if other than the date of filing: (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 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	:07 (3)(1 as the
f 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 ecord is filed.	ne
Dated 10/12/2021	
Ch SD	
Signature of a member or authorized representative of a member	
Chris Szatko Typed or printed name of signee	