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PICK-UP WAIT MAIL
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Y. SCOTT

COVER LETTER

Division of Co	rporations	· · · · · · · · · · · · · · · · · · ·	3-	
	LUTION LLC	·		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	LADISLAV SOPIAK			
		Name of Person		
		Firm/Company		
	4140 CENTRAL SARAS	OTA PKWY, APARTMENT #121	8	~ >
		Address)023 H
	SARASOTA, FL 34238		-61	2023 KAY 3
	lsopiak1105@gmail.com	City/State and Zip Code	7.0	
		to be used for future annual report noti	fication)	PH 3: 34
	concerning this matter, please c	all:	ر ب_ =	
LADISLAV SOPIAK		941 402-4223 at ()		
Name o	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration		<u>Street Address:</u> Registration Se	ction	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	porations	

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 05/08/2020 and assigned Florida document number <u>L2000</u>0125497 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LA FEMME SRO 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) 1 TO 12 TO 1 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 registerec agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Zip Code Cirv

New Registered Agent's Signature, if changing Registered Agent:

UWM SOLUTION LLC

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
AMBR	KARIN HORVATHOVA	4140 CENTRAL SARASOTA PKWY	= Add
		APARTMENT #1218	□Remove
		SARASOTA, FL 34238	□Change
			□Add
			Remove
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cument's effective date on the Department of State's rec		statutory i	mng require	mems, an	s uate	WIII IIO	it be fisted
ecord specifies a delayed effective date, but not an effect is filed.	tive time,	at 12:01 a.	m. on the ea	rlier of: (b) Th	e 90th	day after th
is fried,							
MAY 17 2023							
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Signature of a member of	<u> </u>	سار					