## 120000135372

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

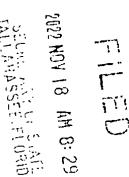
Office Use Only

A. RIVERS FEB - 3 2023



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## **COVER LETTER**

| TO:                | Registration Se<br>Division of Cor |  |   | V.C.  |  |
|--------------------|------------------------------------|--|---|---|--|
|                    |                                    | , SAPP AND ASSOCIATES L                      | LC  |   |  |
| SUBJE              | ECT:                               | Name of Limited Liability Company            |   |   |  |
| The en             | closed Articles of                 | Amendment and fee(s) are sub                 | omitted for filing.   |   |  |
| Please             | return all correspo                | ondence concerning this matter               | to the following:   |   |  |
|                    |                                    | Shaina Schifkovitz                           |   |   |  |
|                    |                                    |  | Name of Person  |   |  |
|                    |                                    | Schoopf, Sapp and Associa                    | ates LLC  |   |  |
|                    |                                    |  | Firm/Company  |   |  |
|                    |                                    | 2320 NE 44th Street                          |   |   |  |
|                    |                                    | ·  | Address   | <del></del>   |  |
|                    |                                    | Ocala, Fl. 34479                             |   |   |  |
|                    |                                    | <u> </u>                                     | City/State and Zip Code   |   |  |
|                    |                                    | schifko12@gmail.com                          |   |   |  |
| For fur            | ther information a                 | oncerning this matter, please c              | to be used for future annual report no                              | incation)   |  |
|                    |                                    | oncerning this matter, prease c              |   |   |  |
| Shaina Schifkovitz |                                    | 352 816-0973<br>at ()                        |   |   |  |
|                    | Name o                             | f Person                                     | Area Code Daytir  | me Telephone Number   |  |
| Enclose            | ed is a check for the              | he following amount:                         |   |   |  |
| <b>≡</b> \$2.      | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|                    | Mailing Addres Registration S      |  | Street Address:<br>Registration Se                                  | ection  |  |
|                    | Division of C                      |  | Division of Co  |   |  |

P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** 

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SCHOEPF, SAPP AND ASSOCIATES LLC  |                                       |   |
|---|---------------------------------------|---|
| (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp    | ppears on our records.)<br>any)       | <del></del>                               |
| The Articles of Organization for this Limited Liability Company were filed o            | n <u>05/19/2020</u>                   | _ and assigned                            |
| Florida document number 1.20000135372   |                                       |   |
| This amendment is submitted to amend the following:                                     |                                       |   |
| A. If amending name, enter the new name of the limited liability compar                 | <u>1y here</u> :                      |   |
| The new name must be distinguishable and contain the words "Limited Liability Company," | the designation "LLC" or the abbre    | viation "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)  | <u> </u>                              |   |
| <del></del>   | · · · · · · · · · · · · · · · · · · · |   |
|   |                                       | 202                                       |
| B. If amending the registered agent and/or registered office address on o               |                                       | fahe new registere                        |
| agent and/or the new registered office address here:                                    | ָרָ<br>ער                             | 40 U                                      |
|   |                                       |   |
| Name of New Registered Agent:   | <u>:</u>                              |   |
| New Registered Office Address:  | ŗ                                     | $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ |
|   | r Florida street address              | 29<br>29                                  |
|   | , Florida                             |   |
| City  |                                       | Zin Cada                                  |

## 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>      | Type of Action |
|--------------|--------------------|---------------------|----------------|
| MGR          | Shaina Schifkovitz | 2320 NE 44th Street | □Add           |
|              |                    | Ocala, FL 34479     | ■Remove        |
|              |                    |                     |                |
|              |                    | <del></del>         | □Add           |
|              |                    | <del>-</del>        | □Remove        |
|              |                    |                     | []Change       |
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|              |                    |                     | Remove         |
|              |                    |                     | ☐ Change       |
|              |                    | <del></del> .       | □Add           |
|              |                    |                     | □Remove        |
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|              |                    |                     | □ Change       |

|  | <del></del>                                    |                                 |                              |                               |       |
|--|--|---------------------------------|------------------------------|-------------------------------|-------|
| ective date, if other than the date of filing:    (optional)   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:    10/28/2022   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:    10/28/2022   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:    10/28/2022   | <del> · · · · · · · · · · · · · · · · · </del> |                                 |                              |                               |       |
| ective date, if other than the date of filing:    10/28/2022   |  | <del></del>                     |                              |                               |       |
| ective date, if other than the date of filing:    10/28/2022   |  |                                 | <u> </u>                     |                               |       |
| ective date, if other than the date of filing:    10/28/2022   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:  10/28/2022  (optional)  reflective 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  tel. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as runnent's effective date on the Department of State's records.  The 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 stiled.  |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:  10/28/2022  (optional)  reflective 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  the little date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as runnent's effective date on the Department of State's records.  The 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 stiled.   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:  10/28/2022  (optional)  10/28/ | ·  |                                 | a. —                         |                               |       |
| ective date, if other than the date of filing:  10/28/2022  (optional)  10/28/ |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:    10/28/2022   |  |                                 | <u> </u>                     |                               |       |
| ective date, if other than the date of filing:    10/28/2022   (optional)  |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
| ective date, if other than the date of filing:   |  |                                 |                              |                               |       |
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| exament's effective date on the Department of State's records.  Second 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 stilled.  Second 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 stilled.   |  |                                 |                              |                               |       |
| S filed.  October 28   | nument's effective date on the Dep             | eartment of State's records.    | , ,                          |                               |       |
| s filed.  ded  |  |                                 |                              |                               |       |
| $\frac{\text{October 28}}{\text{II}} - \frac{2022}{\text{II}} - \frac{1}{\text{II}} = \frac{1}{\text{II}}$   |  | date, but not an effective time | , at 12:01 a.m. on the earli | er of: (b) The 90th day after | r the |
| 11 - 01:h, -t.   |  |                                 |                              |                               |       |
| 11 - O1-h -t   | October 28                                     | 2022                            |                              |                               |       |
| Signature of a member or authorized representative of a member   |  |                                 |                              |                               |       |
| Signature of a member of audiorized representative of a member   | 01 - 01.                                       | · ht                            |                              |                               |       |
|  | Shaina Peli                                    | Huity-                          | ed representative of a membe | <del></del>                   |       |

Filing Fee: \$25.00