

L20000160370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

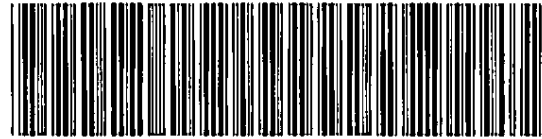
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FILED
2020 OCT -1 AM 9:30
OFFICE OF THE
CLERK OF SUPERIOR
COURT
111 HANSON BLVD
ST. PAUL, MN 55101

OCT 19 2020
S. YOUNG

2020 OCT -1 PM 12:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 25, 2020

EDYTA OLEJNIK
2204 NORTHUMBRIA DRIVE
SANFORD, FL 32771

SUBJECT: FL PROPERTY SALES LLC
Ref. Number: L20000160370

We have received your document for FL PROPERTY SALES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 520A00016228

Signed

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA PROPERTY SALES, 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:

EDYTA OLEJNIK

Name of Person

Firm/Company

2204 NORTHUMBRIA DR.

Address

SANFORD, FL 32771

City/State and Zip Code

OLEJNIKEDYTA2016@GMAIL.COM

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

For further information concerning this matter, please call:

EDYTA OLEJNIK

407- 474-0213

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate 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 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

RECEIVED

JUL 14 2020

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

FLORIDA PROPERTY SALES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 OCT - 1 AM 9:30
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/10/2020 and assigned
Florida document number L20000160370.

This amendment is submitted to amend the following:

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

EDYTA OLEJNIK, 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)

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

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JUNE 5, 2020

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 JULY 9, 2020

EDYTA OLEJNIK

Typed or printed name of signee