L2000164192

(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:





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S. ROBERTS

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: LINCOLN J CAL Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submis	tted for filing.
Please return all correspondence concerning this matter to	the following:
	CAUALIERI Name of Person
LCRIA PA	Pirm/Company
1160 IVA	1 ST. Address
Clear wate	City/State and Zip Code 6 eRIA Realty . Com. be used for future annual report optification)
For further information concerning this matter, please call:	e uses to rotate annual report aprileation)
LINCOLN CAVALIENT Name of Person	at (<u>727</u>) <u>744-2214</u> 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 & □ \$60.00 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	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LINCOLN J CAVALIERI LLC	
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on	15/2020 and assigned
Florida document number <u>L20000 164192</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company." the de	
The new name must be distinguishable and contain the words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	26
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	;
	
	<u> </u>
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Flori	da street address
City	, Florida

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
<u>AMBR</u>	Geria Cavalieri	1160 IUA ST.	T&Kdd
		1160 IUA ST. Clear WATER, FL 33755	□Remove
			□Change
<u></u>			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change

II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi Note:	ve date, if other than the date of filing:
ne record ord is fil	d 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 ed.
Dated .	APRIL 10 . 2023. Signature of a member or authorized representative of a member Lincoln J. Cavalier. Typed or printed name of signee
	Signature of a member or authorized representative of a member
	LINCOLN J. CAVALIER.

Filing Fee: \$25.00