

L20000 182610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

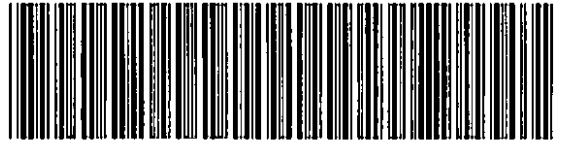
(Business Entity Name)

(Document Number)

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2020 OCT 17 PM 12:26

OCT 03 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Garfield Management 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:

Michael kadoch

Name of Person

Kadoch law group

Firm/Company

7501 NW 4th Street, Ste 204

Address

Plantation, FL 33317

City/State and Zip Code

skushnick@kdhllc.com

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

For further information concerning this matter, please call:

Michael Kadoch

954

713-9423

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

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

2020 JUL 17 PM 12:26

Garfield Management LLC

(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 07/07/2020 and assigned
Florida document number L20000182610.

This amendment is submitted to amend the following:

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

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)

445 Hamilton Avenue

Suite 1102

White Plains, NY 10601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

445 Hamilton Avenue

Suite 1102

White Plains, NY 10601

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

City Florida 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

Title	Name	Address	Type of Action
MGR	Scott Kushnick	445 Hamilton Avenue	<input checked="" type="checkbox"/> Add
		Suite 1102	<input type="checkbox"/> Remove
		White Plains, NY 10601	<input type="checkbox"/> Change
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2025. 17 PM 12:26

(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 605.0207 (3)(b)

Dated August 5th, 2020

Mike Ford

Signature of a member or authorized representative of a member

Michael Kaduch, Esq.
(typed or printed name of signer)

Typed or printed name of signer

Filing Fee: \$25.00