

La 10000 18911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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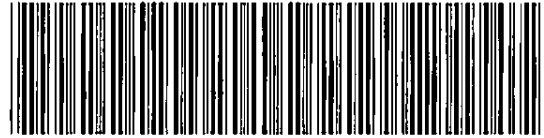
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: 77153 N. 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:

Name of Person: MARIA DE LA LUZ COTS

Firm/Company 77153 N. LLC

Address 7339 155TH PLACE N.

City/State and Zip Code PALM BEACH GARDENS, FL 33418

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: cotsrealty@gmail.com

Name of Person MARIA DE LA LUZ COTS Daytime Telephone Number: 561-845-2072

Enclosed is a check for the following amount: \$25.00 Filing Fee

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

77153 N, LLC, A Florida Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on 01/06/2021 and assigned Florida document number L21000018911.

This amendment is submitted to amend the following:

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

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:

(Mainz 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: N/A

Name of New Registered Agent:

New Registered Office Address: Address

City/State and 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

C. 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

Title	Name	Address	<u>Type of Action</u>
			ADD / REMOVE / CHANGE
MGR / AMBR	MARIA L. RAMIREZ	7339 155TH PLACE N., PALM BEACH GARDENS, FL 33418	CHANGE OF NAME
MGR / AMBR	MARIA DE LA LUZ COTS	7339 155TH PLACE N., PALM BEACH GARDENS, FL 33418	ADD

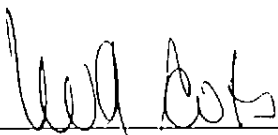
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) None

E. Effective date, if other than the date of filing: _____ AT 12:01 A.M.
(optional)

(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) 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) the specified effective date or (b) The 90th day after the record is filed.

Dated May 19, 2025



Signature of a member or authorized representative of a member

Typed name of signee MARIA DE LA LUZ COTS