## h21 0000 30843

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
	perman, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Holly Liebrman		
		Name of Person	<del> </del>
	Holly Lieberman, LLC		
		Firm/Company	
	697 Grape Ivy Lane		· · · · · · · · · · · · · · · · · · ·
		Address	· ·
	New Smyrna Beach, FL 32	2168	: ,
	<del> </del>	City/State and Zip Code	·
	E-mail address: (	to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
Holly Lieberman		407 446-9309	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	ation.
Registration Division of 0	Section Corporations	Registration Se Division of Cor	
P.O. Box 63		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Compa (A Florida Limited)	i <b>ny as it now appears on ou</b> Liability Company)	r records.)	
The Articles of Organization for this Limited I Florida document number L21000030843	Liability Company	were filed on January 1-	4, 2021 and ass	igned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
Holly Lieberman, LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:		697 Grape Ivy Lane	<u>.</u>	
Principal office address MUST BE A STREET ADDRESS)		New Smyrna Beach, F	1. 32168	
			(	
Enter new mailing address, if applicable:		Holly Lieberman	:	
Mailing address MAY BE A POST OFFICE BOX)		697 Grape Ivy Lanc	··	
		New Smyrna Beach, Fl	L 32168	
B. If amending the registered agent and/or agent and/or the new registered office address  Name of New Registered Agent:			s, enter the name of the nev	<u>v regis</u>
Name of New Registered Agent.				
New Registered Office Address:	697 Grape Ivy	Enter Florida stre	et address	
	New Smyrna B		, Florida	
		City	, F Jorida	

## 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>	Name	Address	Type of Action
			Remove
			□Change
			□Add
			Remove
			□Remove
			□Remove
			□Change
			□Add
		□Remove	
			☐ Change
			Remove
			Change

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Filing Fee: \$25.00