## L21000041688

(Re	questor's Name)	
(	<b>,</b>	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
Austic Teal	nan LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	Austin Teahan		
		Name of Person	
		Firm/Company	
	4095 SE Paul Terrace		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Stuart, FL 34997		
	ateahan94@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	ification)
For further information c	oncerning this matter, please ca	all:	
Austin Teahan		561 779-0608	
Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	ne 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

Austic Teanan LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	<u>as it now appears on our records.</u> ) ulity Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{L21000041688}{L21000041688}$	January 21, 2021  ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
Austin Teahan LLC	
The new name must be distinguishable and contain the words "Limited Liability C	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)	
<u> </u>	200
B. If amending the registered agent and/or registered office address here:	ress on our records, enter the name of the new reg
Name of New Registered Agent:	0.2
N. B. Ca. 1000 All	1
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 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
			□Add
			□Remove
			□Change
			DAdd
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ffective date, if other than the of an effective date is listed, the date must	be specific and cannot be prior	to date of filing or more tha	optional) n 90 days after filing.) Pu	rsuant to 605.0
ocument's effective date on the De	ck does not meet the applica partment of State's records.	ible statutory filing requ	irements, this date wil	I not be listed
record specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90	Oth day after t
ated	, 2021	<b>_</b> .		
	Austin Teahan			
		rized representative of a n		