

K210000050695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

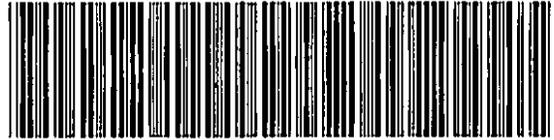
(Document Number)

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21 MAY 11 PM 3:45

# COVER LETTER

TO: Registration Section  
Division of Corporations  
Adler Augustin LLC

SUBJECT: \_\_\_\_\_  
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:

Adler Augustin  
\_\_\_\_\_  
Name of Person  
Adler Augustin LLC  
\_\_\_\_\_  
Firm/Company  
8124 Gerbera Dr unit 5303  
\_\_\_\_\_  
Address  
Naples FL 34113  
\_\_\_\_\_  
City/State and Zip Code  
adleraugustin@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adler Augustin 239 2986174  
\_\_\_\_\_  
Name of Person at ( ) \_\_\_\_\_  
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**

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\_\_\_\_\_  
**(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 01/27/2021 and assigned  
Florida document number L21000050695.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8124 Gerbera Dr unit 5303

Naples Fl 34113

**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*

\_\_\_\_\_, **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 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

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| <u>Title</u> | <u>Name</u>    | <u>Address</u>                            | <u>Type of Action</u>                   |
|--------------|----------------|---|---|
| mgr          | Adler Augustin | 8124 Gerbera Dr unit 5303 naples fl 34113 | <input checked="" type="checkbox"/> Add |
| _____        | _____          | _____                                     | <input type="checkbox"/> Remove         |
| _____        | _____          | _____                                     | <input type="checkbox"/> Change         |
| _____        | _____          | _____                                     | <input type="checkbox"/> Add            |
| _____        | _____          | _____                                     | <input type="checkbox"/> Remove         |
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| _____        | _____          | _____                                     | <input type="checkbox"/> Add            |
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| _____        | _____          | _____                                     | <input type="checkbox"/> Change         |

