## LZ1 0000 54385

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name	e)
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## **COVER LETTER**

TO: Registration S Division of Co			
	NS AC LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Aviv Kaslasi		
		Name of Person	
	4 Seasons AC LLC		
		Firm/Company	
	8539 Gate Parkway W. Ur	nit 9102	
		Address	
	Jacksonville, FL 32216		
	avivkaslasi5@gmail.com	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:	
Aviv Kaslasi		904 307-2185	
Name	of Person		e 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is encosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations = = = = = = = = = = = = = = = = = = =

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 SEASONS AC LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number L21000056385	were filed on <u>02/01/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8539 Gate Parkway W	
(Principal office address MUST BE A STREET ADDRESS)	Unit 9102	
	Jacksonville, FL 32216	<u> </u>
Enter new mailing address, if applicable:	8539 Gate Parkway W	
(Mailing address MAY BE A POST OFFICE BOX)	Unit 9102	- 1
	Jacksonville, FL 32216	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter th	ie name of the new register
New Registered Office Address:	Enter Florida street address	
		.,
	, Flor ,	har aurea to complete with the
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	22 3
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I furth	uci agree to combit wan

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

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
MGR	DAVID O DADON	9897 MERLIN DR E	□ Add
		JACKSONVILLE. FL 32257	
			□ Change
			□ Add
		<del></del>	Remove
			□ Change
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			□Remove
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			Add  A  Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change

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ctiv	e date, if other than the date of filing:(optional) 🦿 🚊
ellec	tive 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 file date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list
unei	nt's effective date on the Department of State's records.
ord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.
HIIC	
ed _	3-12-2021
	Signature of a member or authorized representative of a member