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SECRETARY OF STATE
STATE ARASSEE, FL

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	EA Marie of Limi	Ket THEO LL ted Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subi	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
		van Hertel	
	S	Name of Person  SCIALOGA-LL  Firm/Company	
	C013/W	3rd Ave #311	
	Fortle	audordale, FL 3	5331(
	E-mail address: (t		n. store
For further information con	cerning this matter, please ca	ill:	
Ryan He Name of P	erson	at (570) GOG Area Code Daytime	7461 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 Se Division of Cor		<u>Street Address:</u> Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on March 2, 202 and assigned Florida document number <u>L 2 100010 1760</u> .
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 principal office address MUST BE A STREET ADDRESS)  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Fort Landardule, 712 383 offi
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  Tort Lauderdale, 18 33301
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:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B14 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B15 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B15 East Las Olas B1vd #18/6  Enter Florida street address  Description of New Registered Agent:  X B15 East Las Olas B1vd #18/6  Enter Florida street Agent:  X B15 East Las Olas B1vd #18/6  Enter Florida street Agent:  X B15 East Las Olas B1vd #18/6  Enter Florida street Agent:  X B16 East Las Olas B1vd #18/6  Enter Florida street Agent:  X B17 East Las Olas B1vd #18/6  Enter Florida S10/6  Enter Florida S10/
Cuty Code

If Changing Registered Agent Senuture of New Registered

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

New Registered Agent's Signature, if changing Registered Agent:

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
			☐ Change
			DAdd
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change
			□Add
			Remove
			[]Channa

## Page 2 of 3

(If an el <u>Note:</u>	(optional) Rective date, if other than the date of filing:  The 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Lyan les D
	Signature of a member authorized representative of a member  Ryan Hertel  Typed or printed name of signee

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Filing Fee: \$25.00