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To:

Page: 2 of 8

Division of Corporations

Fax Number

: (850)617-6383

From:

7

Account Name : TAX ZONE INC.

Account Number : I20190000044

Phone

: (407)888-3131

Fax Number

: (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALCHEMICO, LLC

Certificate of Status 0 Certified Copy 07 Page Count Estimated Charge \$25.00

From: Tax Zone

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Se Division of Cor			
ALCHEMI SURJECT:	CO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub indence concerning this matter		
	JUDD KUSSROW		
	The state of the s	Name of Person	
		Firit/Company	
	5753 HWY 85 N 6753		
		Address	
	CRESTVIEW, FL 32536		
	Accontant E-mail nodress: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code) (~) (cation)
For further information of	concerning this matter, please c	all:	
JUDD KUSSROW		352 233-7913	
Name o	of Person	at (at Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
寶 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Pee & Certified Copy (additional copy is coclosed)	\$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

From: Tax Zone

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALCHEMICO, LLC		
(<u>Name of the Limited Liability Coun</u> (A Florida Limited	pany as it now appears on our records.) (Liability Company)	
The Articles of Organization for this Limited Liability Companies Florida document number L21060141868	y were filed on 04/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	bility company here:	
JUDD KUSSROW LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the	A PPR
New Registered Office Address:	Enter Florida street address Flori	PH 3:
· · · · · · · · · · · · · · · · · · ·	Oty	Zip Zile

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

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To:

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.

To: : If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = Manager AMBR = Authorized Member

or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Rеточе
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JUDD KUSSROW

Ta:

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4418-910-010-010-010-010-010-010-010-010-010			
Effective date, if other than the clifan effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable stati	(optional) filing or more than 90 days after filing.) P story filing requirements, this date wi	ursuant to 605.02 ill not be listed
he record specifies a delayed effective	date, but not an effective time, at 17	l:01 a.m. on the earlier of: (b) The 9	90th day after t
ord is filed.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-

Signature of a member or authorized representative of a member

Typed of printed name of signee