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## **COVER LETTER**

Division of	Corporations		
NEWK			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	s of Amendment and fee(s) are subt	mitted for filing.	
Please return all corr	espondence concerning this matter t	to the following:	
	Christopher P. Kelley, Esq.		
		Name of Person	
	Christopher P. Kelley, P.A.		
	<del></del>	Firm/Company	
	11098 Biscayne Boulevard	, Suite 205	
		Address	
	Miami, FL 33161		
	info@cpklawpa.com	City/State and Zip Code	
		to be used for future annual report noti-	fication)
For further informat	ion concerning this matter, please ca	all:	
Christopher P. Kelle	у	305 893-6004 at ()	
Na	ime of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee S30.00 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 Ac	Idress:	<u>Street Address:</u> Registration Se	ction

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(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   O5/11/2021 and assigned a submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:	igned
lorida document number 1.21000219365 This amendment is submitted to amend the following:	igned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.	IC."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
- S	<u></u>
inter new mailing address, if applicable:	П
Mailing address MAY BE A POST OFFICE BOX)	$\overline{O}$
<u> </u>	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CAROL K. SELIGSON	10643 NE 11th Avenue	
		Miami Shores, FL 33138	Remove
		<u></u>	Change
			Add
			□Remove
			Change
			□Add
			Remove
		<u> </u>	Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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Note: 1	e date, if other than the date of filing:  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 605.0207 (I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	May 2 , 2024.
	Signature of a member or authorized representative of a member
	CARÓL K. SELIGSON  Typed or printed name of signee

Filing Fee: \$25.00