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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations			
our mon	Continenta	Acquisitions LLC.			
SUBJECT:		Name of Lin	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Liam Thoubboron			
		· 	Name of Person		
		Continental Acquisitions I	LC.		
			Firm/Company		
		37 Birchshire Lane			
			Address		
		Palm Coast, FL 32137			
			City/State and Zip Code		20
		listitlikeliam@gmail.com	to be used for future annual report notifica		
For further in	iformation c	oncerning this matter, please c	•	mon)	2021 JUL 29 SEALLAIN
Liam Thoubl	boron		386 569-0327		
	Name o	f Person	Area Code Daytime T	elephone Number	Pa bi sa
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address: Registration Section		Section	Street Address: Registration Section		
Division of Corporations P.O. Box 6327			Division of Corpo The Centre of Tall		
	lahassee, I		2415 N. Monroe S		0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Continental Acquisitions LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		_	
The Articles of Organization for this Limited Liability Company v	were filed on May 17, 2021	and	assigne	ed
Florida document number L21000228228				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
the new name must be distinguishable and contain the words "Limited Liabilit	y 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)				
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ldress on our records, enter the na	ne of the i	new re	gistere
gent and/or the new registered office address here.		골으	<u>1</u>	1 - 3 - 9
Name of New Registered Agent:			F	3 4
Name of New Registered Agent.			- 6	1,
New Registered Office Address:	Enter Florida street address	<u> </u>		- Partie
	emer r toriaa sireet aaaress	(17) : =m =1	တဲ့	الس
	, Florida _	23.60	<u></u>	
	City	$\mu \rho c \sigma$	KAL"	

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 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
AMBR	Nicholas D. Michael	31 Baltimore Lane,	≅ Add
		Palm Coast, FL 32137	_
			□Change
			□Add
			□Remove
			[]Change
			Remove
			☐Change
			A 50 A 7
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Iffective date, if other an effective date is listed, Note: It the date inserted to cument's effective date.	the date must be specifed in this block does	ic and cannot be pr not meet the app	licable statutory	or more than 90 day		
record specifies a delay d is filed.	ed effective date, bu	it not an effective	e time, at 12:01 a	.m. on the earlier	of: (b) The 90th d	ay after the
		1-11				

Filing Fee: \$25.00