L21000311202

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ming Officer.

Office Use Only



500374760045

19/12/21--91026--904 **25.00

2021 OCT 12 PH 1:33
10/21 /21
10/21 /21
10/21
10/21
10/21

COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Divisi	ion of Corp	porations		
SUBJECT:	ANN	BOLLIN CE	EPAMICS LLC	
,		Name	of Limited Liability Company	
The enclosed A	Articles of a	Amendment and fee(s) a	are submitted for filing.	
Please return a	il correspo	ndence concerning this r	matter to the following:	
		ANN KI	Name of Person	
		ANN BOL	Firm/Company	
		3268 AM	ANDA LN . APT	
			City/State and Zip Code IALY C GMAIL COM Idress: (to be used for future annual report notification)	
For further info	ormation co	oncerning this matter, pl	lease cull:	
ANN!	KAHA	IH	at (239) 682 - 0097 Area Code Daytime Telephone Number	
	Name of	l Person	Area Code Daytime Telephone Number	
Enclosed is a c	heck for th	ie following amount:		
☑ \$25.00 Fil	ling Fee	S30.00 Filing Fee Certificate of Sta		
	ing Addres istration S		Street Address: Registration Section	
Divi	sion of C	orporations	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.J.C.

ANN BOLVIN (Name of the Limited	LERAMICS	LLC	
(<u>Name of the Limited</u> ()	A Florida Limited Liability C	om appears on our recompany)	<u>coras.)</u>
The Articles of Organization for this Limited Liab		ed on <u>07 0</u>	7 202 and assigned
This amendment is submitted to amend the follow	ving:		•
A. If amending name, enter the new name of t	the limited liability con	apany here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Compa	any," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		202
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX</u>)		12 PM 1: 38
B. If amending the registered agent and/or regagent and/or the new registered office address		on our records, <u>en</u>	iter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street aa	ldress
	City		, Florida Zip Code

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	ANN KAHALY	3268 AMANDA LN. APT	SAdd
		NAPLES, FL 34109	□Remove
			□Change
			□Add
		·	□Remove
			□Change
			_ 200 Add OCT
			20€Add CT Remove PhChange 33 Add
			□Remove
			GChange
			□Add
			□Remove
			Change
			□ Add
		 	Remove
			Change

							
							
							
			_				
						~3	
						SEGRETARY	, -
	_					in the second	 ۲
					•	5555	•
		 				m: 70	
				<u> </u>		25 C	
					·		•
					_		
					-		
		 -		_			
Effective date if	other than the date	of filing:			(option:	al)	
f an effective date is I	listed, the date must be spenserted in this block do	ecitic and cannot	be prior to date of	tiling or more than	90 days after fili	ng.) Pursuant to 605.0)207 (Las t
	ve date on the Departm			atory thing requi	i cinami, timo di		
e record specifies a ed is filed.	delayed effective date.	but not an effe	ective time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day after (the
	TOBER 4	2	021				
Dated D C		1)	, ,				
Dated DC		1 /					
Dated	Signat	ure of a member	or authorized lept	resentative of a me	mber	<u> </u>	