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COVER LETTER

Division of Cor	poracions		
ELEVENT SUBJECT:	WENTYSIX,LLC		
Sobacet.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Erica D May		
		Name of Person	
	ELEVENTWENTYSIX,L	LC	
	 -	Firm/Company	
	605 Pinckney Dr.		
		Address	-3
	Apollo Beach, Fl 33572		
		City/State and Zip Code	· (5
	eleventwentysix@gmail.com		
	E-mail address; (to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	ıll:	وَ
Erica May		813 220-4433 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVENTWENTYSIX.LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on November 29, 2021	and assigned
Florida document number 1.21000504564		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
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:		
(Principal office address MUST BE A STREET ADDRESS)		-· 说
		· <u> </u>
		- 5
Enter new mailing address, if applicable:		77
(Mailing address MAY BE A POST OFFICE BOX)		···
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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	Donald W May Jr	605 Pinckney Dr	■Add
			□Change
			□Add
			□Remove
			Change
			☐Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Character.

Marriage certificate Enclosed.				
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ctive date, if other than the date of filing:			(optional)	
effective date is listed, the date must be specific and cannot be If the date inserted in this block does not meet the a	prior to date of to	filing or more than 90 tory filing requirer	days after filing.) I nents, this date w	Pursuant to 605.0 rill not be listed
ment's effective date on the Department of State's rec	ords.			
		A 1	r early The	00:L J 6
ord specifies a delayed effective date, but not an effect filed.	ive time, at 12	ior a.m. on the ear	Heroi: (b) The	90th day and
d	•			

Typed or printed name of signee