## L22000086896

(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:
•

Office Use Only



000448908040

2025 APR 18 AH 12: 4"

04/17/25--01012--015 1125.00

hana 1/10/20

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Andrea Garrie	ILC.	
SUBJECT:	Andrea Gavric	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Andrea Ma	Name of Person	<u> </u>
	Andrea Garrie	C UC Firm/Company	
	41 Copeake C	Address	
	Saint Johns, F	2 32259 City/State and Zip Code	2825 APR 18
	E-mail address: (	to be used for future annual report not	t ontion)
For further information co	oncerning this matter, please ca	all:	
Arrica Dude Name o	( Person	at 904 294-6 Area Code Daytin	477 ne Telephone Number
Enclosed is a check for th	ne following amount:		
	☐ \$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)
Mailing Address Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hnarca Gavric UC		<del></del> _
(A Florida Limited (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2200086896</u> .	y were filed on 1 18 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Andrea Duderija ILC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		5 P
		<del></del>
Enter new mailing address, if applicable:	41 Cuprare Ct.	8 AA
(Mailing address MAY BE A POST OFFICE BOX)	Saint Johns, Fl 32259	55: 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		of the new registere
Name of New Registered Agent: Andica	Distrija	
New Registered Office Address: 41 Copias	LOCL. Enter Florida street address	
_Saint.	Johns Florida 3	32254 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 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>	Name	Address	Type of Action
aunce	Andrea Duderija	4) (uprave Ct.	i∑r Add
	·	Saint Johns, FZ 32259	Remove
			□Change
Own	Andrea barric	41 Cupraxe Ct.	
		41 Cuprare Ct. Saint Johns, Fl 32259	
			□Change
	<del></del>	· · · · · · · · · · · · · · · · · · ·	
		<del> </del>	□Rепюче
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

			_
			_
			_
,			
			_
_			_
_			_
			_
			_
			_
			<u> </u>
_			<del></del> -
			_
F Effortis	e date, if other than the date of filing: 4110125 (optional	d)	
(man enec	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date	ng.) Pursuant to 6	605.0207 (:
	nt's effective date on the Department of State's records.	ne will not be t	isicu iis ii
		an and t	c1
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d.	The 90th day a	fter the
record is file	d.	The 90th day a	fter the
	d.	The 90th day a	
record is file	April 10m 2025	The 90th day a	2025
record is file	d.	The 90th day at	
record is file	April 10m 2025	The 90th day at	2025 APR 1

Filing Fee: \$25.00