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Y. SCOTT MAR 2 6 2022

COVER LETTER

TO: Registration Section

Division of Cor	porations			
4603 VAN	KLEEK, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The unclosed Assistance	Amendment and fee(s) are sub	ancietad Car Cilian		
		_		
Please return all correspo	ondence concerning this matter	to the following:		
	Danielle Loquercio			
		Name of Person		
			2027 SEI T	
	, , , , , , , , , , , , , , , , , , ,	Firm/Company	ALE CRE	_
	3708 N. Wayne Ave.		ZOZZ MAR 17 PM 3: 08 SECRETALY OF STATE TALLANDES SEE FL	
		Address	70 P	1
	Chicago, II, 60613		3: 0: 5.7/1 E. FL	**
	tndmgmt@yahoo.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ilication)	
For further information c	oncerning this matter, please c	all:		
Danielle Loquercio		312 636-1522 at()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Con		
P.O. Box 632		The Centre of T		
Tallahassee. 1	PT 3/314	2415 N. Monto	ne Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4603 VAN KLEEK, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our r la Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability	Company were filed on 01/19/2022	and assigned
Florida document number 1.22000088377	·	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
4603 VAN KLEECK, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		202
		ZOZZ MAR S-EGRETA TALLA
Enter new mailing address, if applicable:		≥57 R =
••	-	8
Mailing address MAY BE A POST OFFICE BOX)		WO TO THE
		سور ن انداد
B. If amending the registered agent and/or register		80
It amending the registered agent and/or registered agent and/or the new registered office address here:	ea omce adaress on our records, <u>c</u> -	nter the name of the new registe
Name of New Registered Agent:		
N. D. C. 1000		
New Registered Office Address:	Enter Florida street d	uldress
		TOP
	City	, Florida
	•	•

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this bloc	e specific an	ig: id cannot l		late of filin		than 90 day:		ling.) Pursi		
locument's effective date on the Dep				,		•				
	ate, but no	ot an effec	ctive time	, at 12:01	a.m. on t	he earlier	of: (b)	The 90th	ı day aft	er the
d is filed.										
d is filed.		2022			フ					
d is filed. March 9		2022			7					
Dated	guature of a		or authoriz	ed represe	fundative of a	ı member				

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