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COVER LETTER

TO: Registration Division of C			
	FOLD LLC	4	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MICHAEL SHAER		
		Name of Person	
	MONEY FOLD LLC		
		Firm/Company	
	23361 DRAYTON DRIVE	3	
		Address	
	BOCA RATON, FL 3343	3	
		City/State and Zip Code	
	SHAER.JOANNE@GMAI	L.COM to be used for future annual report noti:	fication)
For further information	concerning this matter, please c		
MARK POPLAK		561 504-6075	
Name	e of Person		c Telephone Number
Enclosed is a check for	the 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)
Mailing Adda Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Complete Florida document number L22000095174	pany were filed on 02/21/2022	and assigned
This amendment is submitted to amend the following: a. If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevianter 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)		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		202
		2
Enter new mailing address, if applicable:		; —
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		.;- СЛ
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the r</u>	name of the new registe
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
VP	SHAER, JOANNE	23361 DRAYTON DRIVE	□Add
		BOCA RATON, FL 33433	■Remove
			□Change
AMBR	PATTI, JAMES J	600 SNAG HARBOR DRIVE. UNIT 7A	≣ ∆ dd
		BOYNTON BEACH, FL 33235	□Rетюve
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
			□Add
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Tective date, if other than to the date is listed, the date is listed, the date in this cument's effective date on the	block does not n	neet the applicat	date of filing or more de statutory filing ((option than 90 days after frequirements, this	iling.) Pursuant to 605	5.0207 ed as
ecord specifies a delayed effectis filed.	tive date, but not	an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
JULY 5TH ted		2024	_ •			
	1					
ew)	lace		zed representative o	_		