# da Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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್ಷಾಸ್ಟ್ನ್ Email Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORMANDY 1735, LLC

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	5, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	oy as it now appears on o sability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on(0)	21/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	tion "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	N/A	<del></del>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		10
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ddr <del>ess</del> on our record	s, enter the name of the new registered
Name of New Registered Agent:	V/A	
New Registered Office Address:		
	Enter Florida stre	<del></del>
	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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member  Name	<u>Address</u>	Tune of Action
		· <del>-</del>	Type of Action
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	)	)						
	Signati	ure of a mes	mber or auth	orized repre	entative of a	member		
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