L22000136510

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JANUA OF CONTRACTOR

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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor Centric3 L				
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mike Roth			
		Name of Person		
	Centrie3 LLC			
		Firm/Company	 -	
	9429 Harding Av #135			22 A UG 26
		Address		2 9N
	Surfside, Florida 33154			
		City/State and Zip Code		PH 4: 03
	accounting@centric3.com			 O
		to be used for future annual report notif	icalion)	w
	oncerning this matter, please c	all:		
Mike Roth		310 2005761 at()_		
Name o	f Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 9	Section	Street Address: Registration Sec		
Division of C P.O. Box 632		Division of Corp The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Centric3 LLC			records.)
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our r Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number L22000136510	.iability Company	were filed on March 18, 2	and assigned.
This amendment is submitted to amend the fol	lowing:		03
A. If amending name, enter the new name	of the limited liah	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		9429 Harding Ave #135,	Surfside, Florida 33154
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		9429 Harding Ave #135,	Surfside, Florida 33154
Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our records, <u>c</u>	enter the name of the new registered
Name of New Registered Agent:	UPS 6798		
New Registered Office Address:	9429 Harding /	Ave	
		Enter Florida street e	address
	Surfside		Florida <u>33154</u>
		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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	John E. Litton	3319 Canyon Grand Pointe	
		Longwood, Florida 32779	■Remove
			□Change
			🗀 Add
			Remove
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be p ack does not meet the ap	orior to date of filing of plicable statutory fi	(opt more than 90 days after ling requirements, th	er filing.) Pursuant to 6	605.020 isted a
record specifies a delayed effective Lis filed.	date, but not an effecti	ve time, at 12:01 a.r	n, on the earlier of: (h) The 90th day a	fter the
August 25	. 2022				
ated					
	Wignature of a member or :	. Roth			

Filing Fee: \$25.00

11/16/22 NOTES DETAIL SCREEN
CORP NUMBER: L22000136510 CORP NAME: CENTRIC3 LLC*****

3:51 PM

PLEASE FILE THE AMENDMENT THAT WAS RECEIVED ON AUGUST 26, 2022; QUESTI ONS CALL MIKE ROTH AT 310-200-5761, SEND THE ONE FOR THE RA CHANGE BAC K 8/31/22 CG.

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 5. TOP 7. LIST, 8. NEXT BY LIST, 9. PREV BY LIST

ENTER SELECTION AND CR: