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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	gistration Section vision of Corpor				
SUBJECT:	L (	C Propertie	s 33 L	rc.	
obsect.		Name of Limi	ited Liability Compa	any	
he enclose	d Articles of An	nendment and fee(s) are sub-	mitted for filing		
		ence concerning this matter	·		
			_		
		Elisabe	TH CSAI	۷	
			Name of Pers	son	
			Firm/Compa	iny	
		1520 S	Paumua	1	
			Address		<del></del>
		LAKE Worth, LCPropertie	FL 33	460	
		1000-001	City/State and Zip	p Code	~^
	-	E-mail address: (1	to be used for future	annual report notifi	cation)
or further i	nformation conc	erning this matter, please ca	all:		
Eli	SABETH	CSAK	at ( <u>5</u> 61	351-	43\3 Telephone Number
	Name of Pe	erson	Area Co	de Daytime	Telephone Number
Enclosed is	a check for the f	ollowing amount:			
<b>X</b> \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filir Certified C (additional co		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	niling Address:		St	reet Address:	
Re	gistration Sec		R	egistration Sec	
	vision of Coŋ D. Box 6327	porations		ivision of Corp he Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F!! ED

*c.* .

LC Propertie	es 33 LLC SECRETATION 10
(Name of the Limited Liability (A Florida l	Company as it now appears on our regords. ASSET
The Articles of Organization for this Limited Liability Co	ompany were filed on 04 04 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit  Elisabeth Csak LLC	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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</u>, <u>name</u>, <u>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
			□Remove
			Change
		<del></del>	□ Change
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). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe Note:	ve date, if other than the date of filing:
f the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	June 1st 2022
	Ch Thelith
	Signature of a member or authorized representative of a member
	Elisabeth Csax Typed or printed name of signee