## KX2000137439

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| (Address)                               |     |
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| PICK-UP WAIT MA                         | AIL |
| (Business Entity Name)                  |     |
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| (Document Number)                       |     |
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T. MATTHEWS APR 2 9 2022

## **COVER LETTER**

TO:

| TO:       | Registration Se<br>Division of Cor   |                               |  |          |
|-----------|--|-------------------------------|--|----------|
| SUBJEC    |  | LYNN BOBROSKI LLC             |  |          |
| SUBJEC    | CI:  | Name of Lim                   | ited Liability Company   |          |
| The encl  | Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  urn all correspondence concerning this matter to the following:  ALISON FLYNN BOBROSKI  Name of Person  ALISON FLYNN BOBROSKI LLC  Firm/Company  3119 OAKLAND SHORES DRAPT C105  Address  OAKLAND PARK, FL 33309  City/State and Zip Code  ALISONTF3@YAHOO.COM  E-mail address: (to be used for future annual report notification)  or information concerning this matter, please call:  FLYNN BOBROSKI  Name of Person  At 12  760-4266  Area Code  Daytime Telephone Number |                               |  |          |
| Please re | eturn all correspo   | ndence concerning this matter | to the following:  |          |
|           |  | ALISON FLYNN BOBRO            | OSKI   |          |
|           |  |                               | Name of Person   |          |
|           |  | ALISON FLYNN BOBRO            | OSKI LLC   |          |
|           |  |                               | Firm/Company   |          |
|           |  | 3119 OAKLAND SHORE            | ES DRAPT C105  | Status & |
|           |  |                               | Address  |          |
|           |  | OAKLAND PARK, FL 33           | 3309   |          |
|           |  |                               | City/State and Zip Code  |          |
|           |  | <del>-</del>                  |  |          |
| For furth | her information c  |                               | <b>,</b>   |          |
| ALISO     | N FLYNN BOBF   | ROSKI                         |  |          |
|           | Name o   | f Person                      |  | -        |
| Enclosed  | d is a check for th  | ne following amount:          |  |          |
| □ \$25    | .00 Filing Fee   |                               | Certified Copy Certificate of St (additional copy is enclosed) Certified Copy  | tatus &  |
|           | Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I   | Section<br>forporations<br>7  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |          |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | , Flor   | rida<br>Zip Code              |
|---|--|-------------------------------|
|   | Enter Florida street address                                   |                               |
| New Registered Office Address:  |  |                               |
| Name of New Registered Agent:   |  |                               |
| agent and/or the new registered office address here:                    |  |                               |
| B. If amending the registered agent and/or registered office            | e address on our records, enter t                              | he name of the new registered |
|   |  |                               |
| (Mailing address MAY BE A POST OFFICE BOX)                              |  | <del></del>                   |
| Enter new mailing address, if applicable:                               |  |                               |
|   |  |                               |
| (Principal office address MUST BE A STREET ADDRESS)                     |  |                               |
| Enter new principal offices address, if applicable:                     |  |                               |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC"                         | or the abbreviation "L.L.C."  |
| A. If amending name, enter the new name of the limited lia              | ability company here:  |                               |
| This amendment is submitted to amend the following:                     |  |                               |
| Florida document number L22000137439 .                                  |  |                               |
| The Articles of Organization for this Limited Liability Compan          | ny were filed on 03/21/2022                                    | and assigned                  |
| (A Florida Limited  | pany as it now appears on our records.<br>d Liability Company) | ,                             |
| (Name of the Limited Liability Com                                      | pany as it now appears on our records.                         | <del></del>                   |

## 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</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | Address                        | Type of Action |
|--------------|-----------------------|--------------------------------|----------------|
| AMBR         | ALISON FLYNN BOBROSKI | 3119 OAKLAND SHORES DRAPT C105 | <b>=</b> Add   |
|              |                       | OAKLAND PARK, FL 33309         | □Remove        |
|              |                       |                                | □Change        |
|              |                       |                                | □Add           |
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| Effective date, if other than the date fan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart | specific and cannot be prior to<br>does not meet the applical | o date of filing or more that<br>ole statutory filing requ | (optional)<br>n 90 days after filing.) Pursuant<br>irements, this date will not b | to 605.0207 (<br>be listed as t |
| record specifies a delayed effective da<br>d is filed.   | te, but not an effective tim                                  | ne, at 12:01 a.m. on the                                   | earlier of: (b) The 90th day  | y after the                     |
| 4 11 7   | 2022  |  |   |                                 |
| Dated April 7  | <del></del> ;   |  |   |                                 |
| Dated April /  |   | _ 6  |   |                                 |
| Dated  | nature of a member or author                                  | ized representative of a m                                 | ember   |                                 |