122000168194

(Requestor's Name)
(Address)
. ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Name of Lim	ited Liability Company	
nent and fee(s) are sub	antina di Cara Citta a	
nent and fee(s) are sub		
	mitted for filing.	
concerning this matter	to the following:	
ert A Richards		
	Name of Person	
ce Court LLC		
	Firm/Company	
9 Dulce Court		
	Address	
n Beach Gardens FL 3	3418	
	City/State and Zip Code	
		neation)
	609 405-0491	
		a Talanhana Mankar
	Area Code Daytiii	e Telephone Number
ving amount:		
~	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N	
	Street Address: Registration Sec	ction
tions		porations
	rms@yahoocom É-mail address: (City/State and Zip Code rms@yahoocom E-mail address: (to be used for future annual report notions this matter, please call:

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dulce Court LLC			
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u>)
ne Articles of Organization for this Limited Liab orida document number <u>L22000168194</u>	oility Company	were filed on April 7, 2022	and assigned
is amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liabi	lity company here:	
new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation #b.L.C."
ter new principal offices address, if applicab	ole:	5079 Dulce Court	12 13
incipal office address MUST BE A STREET		Palm Beach Gardens FL 33418	20 F
	······		
ter new mailing address, if applicable:		5079 Dulce Court	
Mailing address MAY BE A POST OFFICE BOX)		Palm Beach Gardens FL 33418	3.***
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
If amending the registered agent and/or reg		ddress on our records, enter	the name of the new registe
ent and/or the new registered office address	<u>nere</u> :		
Name of New Registered Agent:	Reina Ramos		
New Registered Office Address:	5079 Dulce Cou	ırt	
		Enter Florida street addres.	5
	Palm Beach Ga	rdens , Flo	orida <u>33418</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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Reina Ramos	5079 Dulce Court Palm Beach Gardens FL 33418	= Add
			□Remove
			□Change
			🗆 Add
			Remove
			
		<u> </u>	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

an effect ote: If	date, if other than the date of filing:
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	September 11 2024
ated	
ated	// 24//
ated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

COVER LETTER

Tallahassee, FL 32314

	gistration Se vision of Cor						
SHD IF CT.	Dulce Cou	rt LLC					
SUBJECT:		Name of Lim	ited Liability Company	 			
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		Robert A Richards					
			Name of Person				
		Dulce Court LLC					
			Finn/Company				
		5079 Dulce Court					
		Address					
		Palm Beach Gardens FL 3	3418				
		reinarms@yahoocom	City/State and Zip Code				
		E-mail address: (to be used for future annual report i	notification)			
For further i	information c	oncerning this matter, please c	all:				
Robert A R	ichards		609 405-0491				
 ,	Name o	f Person	at () Area Code Day	rtime Telephone Number			
Enclosed is	a check for the	he following amount:					
□ \$25.00	Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	uiling Addres		<u>Street Address</u> Registration				
Di	vision of C	Corporations	Division of (
P.0	O. Box 632	.7		f Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dulce Court LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appe Liability Company	ars on our records.)
The Articles of Organization for this Limited L	iability Company	were filed on _	April 7, 2022 and assigned
lorida document number L22000168194	·		
This amendment is submitted to amend the following	lowing:		
a. If amending name, enter the new name o	f the limited liab	ility company	here:
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	cable:	5079 Dulce C	ourt
Principal office address MUST BE A STREE		Palm Beach (eardens FL 33418
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	DOV.	5079 Duice C	ourt Gardens FL 33418
	registered office a	address on our	records, enter the name of the new register
Name of New Registered Agent:	Reina Ramos		
New Registered Office Address:	5079 Dulce Co	urt	
1. 1. 1. Ogistera Office / taufess.		Enter F.	orida street address
	Palm Beach Ga	ırdens	, Florida 33418
		City	Zip Code

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n effec ote: I	re date, if other than the date of filing:
ecord is file	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 d.
ited _	September 11 2024
	// at//
/	Signature of a member or authorized representative of a member

Filing Fee: \$25.00