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A. PARISHANI
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## COVER LETTER

Division of Cor	porations			
URIECT: MER	KANZET AND	ASSOCIATES	LLC	
	Name of Lim	ited Liability Company	-	
			202	
he enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	2023 SEP 1	
lease return all correspon	ndence concerning this matter	to the following:	<del>- 0</del>	
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	MARKARE	SOSZIWSV Name of Person		
		Name of Person	<del></del>	
	MARISARE	Firm/Company	CIATES LLC	
		Firm/Company		
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	MARGARET	tno associates	ication) (amplication)	_
	E-mail address: (	to be used for future annual report notif	fication)	
or further information co	oncerning this matter, please ca	all:		
MARKATE Name of	T SOSZYNSK- Person	at (561) 250 Area Code Daytime	e Telephone Number	
nclosed is a check for th	e following amount:		·	
\$25.00 Filing Fee	☐ \$30.00 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:** 

**O**:

**Registration Section** 

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

2023 SFT 19

	AND ASSOCIA		<del></del>
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed or	5/2022	_ and assigned
This amendment is submitted to amend the following	lowing: REMOVE	Michael Sist	eyraki Feb
A. If amending name, enter the new name of	of the limited liability compan	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applie	cable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREI	ET ADDRESS)		
			<del> </del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office addre	•	ur records, <u>enter the name c</u>	of the new registered
Name of New Registered Agent:	MARIGNEET	SOSZYNSKI	
New Registered Office Address:			
•	Enter	Florida street address	
	Cin	, Florida	Zip Code
	City		LIP COCIE

## 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

f 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 MBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
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		253 NE 2ND ST #9: MIRMI, FL 33132	_ □Change
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fecti	ve date is listed, the date inserte	, the date must l	be specific a	and cannot be	prior to date of	f filing o		days after fi	ling.) Pursuant
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