

L22000298866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

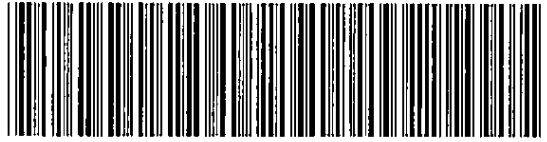
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900403672619

03/02/23--01014--006 *325.00

2023 MAR -2 PM 4: 36
CLERK OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLADYS ARTHUR, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BART H. CHEPENIK

Name of Person

Firm/Company

12550 BISCAYNE BLVD SUITE 805

Address

NORTH MIAMI, FL 33181

City/State and Zip Code

BCHEPENIK@CTLLP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BART H. CHEPENIK

at 305 9818889

Name of Person

Area Code

Daytime Telephone Number

2023 MAR -2 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Enclosed is a check for the 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:
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**

GLADYS ARTHUR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/05/2022 and assigned Florida document number L22000298866.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2023 MAR -2 PM 4:38
CLERK OF THE STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BART H. CHEPENIK

New Registered Office Address:

12550 BISCAYNE BLVD SUITE 805

Enter Florida street address

NORTH MIAMI

City

Florida

33181

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	NYCOL GOMES	5959 COLLINS AVENUE	<input type="checkbox"/> Add
		UNIT 1208	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
MGR	BART H. CHEPENIK	12550 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 805	<input type="checkbox"/> Remove
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Change
MGR	ILAN GLUZMAN	5959 COLLINS AVENUE	<input type="checkbox"/> Add
		UNIT 1208	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 MAR -2 PM 4:36
 STATE
 MIAMI BEACH, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 02/13/2023 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated FEBRUARY 13 2023

[Handwritten Signature]

Signature of a member or authorized representative of a member

Brian A. Czapanski

Typed or printed name of signee

2023 MAR -2 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FL
FILED