## Laa000310103

(Re	questor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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Y. SCOTT
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## **COVER LETTER**

	tions 46:10 L.L.C		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
rtease return are correspo	Sabrina M. Wisniewski-Br		
	Satirma 14. Wishiewski-17.	Name of Person	
	Lerie Sensations 46:10 L.L	C	
	<u> </u>	Firm/Company	2023
	1668 Wilson Prairie Circle		70 77
		Address	
	Groveland Fl 34736		PH I: 0
	sabrina@lerie4610.com	City/State and Zip Code	05
		to be used for future annual report i	notification)
	oncerning this matter, please c	all:	
Sabrina M. Wisniewski-l	Brooks	732 966-3908 at ()	
Name o	f Person	Area Code Day	rtime Telephone Number
Enclosed is a check for th	ne 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 enclose
Mailing Addres	·c·	Street Address	
Registration 5	Section	Registration	Section
Division of C P.O. Box 632			f Tallahassee
Tallahassee,	FL 32314	2415 N. Mor Tallahassee,	roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lerie Sensations 46:10 L.L.C (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  $\underline{\frac{\text{Dec }31,2022}{\text{Dec }31,2022}}$ \_\_\_\_ and assigned Florida document number L22000310103 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lerie 46.10 L.L.C The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

## 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

\_. Florida \_\_

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>	Address	Type of Action
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		<del></del>	□Remove
			□Change
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ective date, if other than reffective date is listed, the date	the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to	605.0207
te: If the date inserted in th		tory filing requirements, this date will not be	
timent is effective date off the	e trepariment of state a records.		
ecord specifies a delayed effe	ctive date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th day	after the
is filed.		·	
	2023		
April 20	· · <del> ·</del>		
ted April 20	•		
ted April 20	Signature of a member or authorized repro	iki-Brooks	

Filing Fee: \$25.00