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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Se Division of Cor		
1515 Madi SUBJECT:	son, LLC	
SOUSECUT.	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for Amend ment to
Please return all correspo	ondence concerning this matter	to the follo correct error in mail in the follo
	Jaimee Crockett	Name Regioned 97800 -
	1515 Madison, LLC	Fimi/Ci & zip were wrong)
	1644 Sunset Ridge Road	Thanks!
	Northbrook, IL 60062	Addre
		City/State and Zip Code
	jaimee.crockett@gmail.com	n to be used for future annual report notification)
For further information c	oncerning this matter, please c	
Jaimee Crockett		727 465-8349
Name o	f Person	at () Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section
Division of C		Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1515 Madison, LLC					
(Name of the Limi	ted Liability Compar (A Florida Limited I.	ny as it now appears on our liability Company)	r records.)		
The Articles of Organization for this Limited L Florida document number L22000338288 This amendment is submitted to amend the foll A. If amending name, enter the new name of	iability Company lowing:	were filed on <u>8/1/2022</u>		and assigned SECRETARY CALLALIASS Abbreviation to LC	
The new name must be distinguishable and contain the venture new principal offices address, if applie (Principal office address MUST BE A STREE)	cable:	ity Company," the designation	on "LLC" or the a	in or	10.59 10.59
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BON)	3101 S. Howywood		Deive, Unit 33019	- -250b -
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our records.	, <u>enter the na</u> r	ne of the new registe	<u>ered</u>
Name of New Registered Agent:	Vladimir Pave				_
New Registered Office Address:	3101 S. Ocean I	Drive, Unit 2506			_
		Enter Florida stree	t address		_
	Hollywood		Florida 3	3019-2837	_
		Ciţy		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.

Vladimir Pave
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>	Name	Address	Type of Action
			🗆 Add
			Change
			□ Add
			□Remove
			Change
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ffective date, if other than the	date of filing:		(optional)
an effective date is listed, the date mus lote: If the date inserted in this blo	be specific and cannot be prior to d		days after filing.) Pursuant to 605,0203
ocument's effective date on the De	partment of State's records.	t statetory ming requirem	ents, this date will not be risted a.
			·
record specifies a delayed effective	date, but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
l is filed.			
ated August 5	2022		
ated	~ / /		
jai	- (in the the		
	Signature of a member or authorize	ed representative of a member	ा
Jaimee Crockett			
	Typed or printed n	anno of cinnon	_

Filing Fee: \$25.00