## LZZ000 371058

(Requestor's Name)
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PICK-UP WAIT MAIL
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2022 AUG 29 AM 10: 23 SECRETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

N201Si SUBJECT:	N LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Frizzette McCarthy		
		Name of Person	_
	360 Tax Consulting		
		Firm/Company	_
	60000 Cattleridge Drive.	. Ste 304	
	***************************************	Address	-
	Sarasota, FL 34232		
		City/State and Zip Code	_
	finecarthy@my360tax.com	to be used for future annual report notification)	
		·	
For further information of	concerning this matter, please c		202' SE
Frizzette McCarthy		at () Area Code Daytime Telephone Number	2022 AUG 29 SECRETARY
Name c	of Person	Area Code Daytime Telephone Number	16 29 16 29
			ASS.
Enclosed is a check for the	he following amount:		AND:
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of Status &
Mailing Addres	ss:	Street Address:	
Registration :		Registration Section	
Division of C	•	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

If amending name, enter the new name of the limited liability company here:  A new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)	N201SN I	LC				
Articles of Organization for this Limited Liability Company were filed on 08/23/2022	(Name of the Limi	ted Liability Comp	any as it now appears on our recording Liability Company)	rds.)		
If amending name, enter the new name of the limited liability company here:  A  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  Alter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Finter Florida street address  Finter Florida street address  Florida T. 23					and as	signed
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  Iter new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  Iter new mailing address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  Iter new mailing address, if applicable:  Incipal office address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:    Name of New Registered Agent:   N/A     N/A     N/A     N/A     N/A     N/A     N/A		owing:				
new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  N/A  N/A  N/A  N/A  N/A  Registered agent and/or registered office address on our records, enter the name of the new registered office address here:  N/A  N/A  New Registered Office Address:  Enter Florida street address  Florida II  See The registered address  Florida II  See The	. If amending name, enter the new name o	f the limited l <u>ia</u>	bility company here:			
ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida TO STATES  F	¥/A					
ter new principal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  ailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:    Name of New Registered Agent:   N/A	ne new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "LL	.C" or the abb	reviation "I	L.C."
If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Refer Florida street address  File To The new registered office address  File To The new registered of t	nter new principal offices address, if applic	able:	N/A			
If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:    New Registered Office Address   Enter Florida street address   Florida   Florida	Principal office address MUST BE A STREE	ET ADDRESS)			-	
Name of New Registered Agent:  New Registered Office Address:    Note	. If amending the registered agent and/or i	registered office	address on our records, ente	er the name	22	w register
New Registered Office Address:  Enter Florida street address  Florida m	Name of New Registered Agent:	N/A		RETARY	29	
, 1 to ida	New Registered Office Address:		Enter Florida street addr	S 0 1	Ö	•
		<del></del>		Florida _ 📆		

## 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 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
AR	Dan Becker	32 Sandy Cove Road	
		Sarasota, FL 34232	■Remove
			Change
AR	Dean Becker	32 Sandy Cove Road	≣Add
		Sarasota, FL 34242	Remove
		<del></del>	□Remove
			Change SE 202
			2022 AUG 29 Remarks
			SEE'S O Change
			FH 3
			Remove
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			Remove
			□Change

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ote: If th	date, if other that we date is listed, the dathe date inserted in the s effective date on	his block does no	t meet the app	licable statute	ing or more than 9 ry filing require	<b>(optio</b> ) days after f	<b>nal)</b> iling.) Pur date will	suant to not be	605.020 listed a
record sp is filed.	ecifies a delayed el	Fective date, but r	not an effective	e time, at 12:0	I a.m. on the ea	rlier of: (b)	The 90	th day a	ifter the
ited	August 26, 2022			·					
		Signature of	Ad Ro	otherized repres	entative of a mem	ber			-