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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO:

Registration Section

Division of Co	rporations		
	sonville, 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:	
	Chad T. Orsatti, Esq.		
		Name of Person	
	Orsatti & Associates, P.A.		2022 SEC TA
		Firm Company	REI REI
	2925 Alternate 19 North,	Suite B	2022 OCT 28 PH 2:38 SECRETARY OF STATE TALLAPASSEE, FL
		Address	See P
	Palm Harbor, Florida 3468	33	2: 3(STAI STAI
	chad@orsattilaw.com	City/State and Zip Code	rr; W
		to be used for future annual report not	ification)
for further information e	oncerning this matter, please c	all:	
Chad T. Orsatti		727 772-9060 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee & S30.00 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 Addres		<u>Street Address:</u> Registration Se	etion
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	7	The Centre of T	l'allahassee
Tallahassee, I	FL 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10614 JACKSONVILLE, LLC

ompany as it now appears on our records.) ited Liability Company)	
pany were filed on August 26, 2022	and assigned
liability company here:	
Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
<u>S)</u>	
Post Office Box 3011	2022 C SECI
Clearwater Beach, Florida 33767	
	28 I
fice address on our records, enter the	name of the new regis
	38 38
	Post Office Box 3011 Clearwater Beach, Florida 33767

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.

Ciiv

, 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
MGR	Lauren M. Ginsberg	2925 Alternate 19 N., Suite B, Palm Harbor, FL 346	83 □Add
			■Remove
			□Change
MGR	Dargevies Enterprises, LLC	Post Office Box 3011, Clearwater Beach, FL 33767	■ Add
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ffective date, if other than the date an effective date is listed, the date must be stote: If the date inserted in this block to ocument's effective date on the Depart	e of filing: pecific and c locs not me	annot be prior et the applica	to date of filing thle statutory			nal)	2: 38	المويية '
record specifies a delayed effective dat d is filed.	e, but not a	n offective ti	me, at 12:01 a	a.π. on the ε	arlier of: (b)	The 901	li day a	fter the
Dated October 26	,	2022	<u></u> .					
	/ .							
4	11	6/2						