

(Requestor's Name)
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, ,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

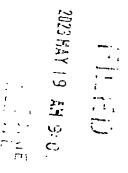




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7/18/23 VLN



COVER LETTER

	egistration Se Division of Cor				
eub ieza	1118 Wild Rose, LLC				
SUBJECT	I:	Name of Lim	ited Liability Company		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Jane K McAllister			
			Name of Person		
		41-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Firm/Company		
		9 Sugar Road Box 322			
			Address		
		Newfane, VT 05345	C: (C) 17 C 1		
		janemacvt@gmail.com	City/State and Zip Code		
		•	to be used for future annual repo	rt notification)	
For furthe	r information c	oncerning this matter, please ca	all:		
Jane K Me	cAllister		802 380-92 at ()		
	Name o	f Person	Area Code D	aytime Telephone Number	
Enclosed i	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Jailing Addres		Street Addre		
	Registration S Division of C		Registratio Division of	Corporations	
F	O. Box 632	.7	The Centre	of Tallahassee	
Л	fallahassee, l	FL 32314	2415 N. M	onroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1118 Wild Rose, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our (Liability Company)	records.)			
The Articles of Organization for this Limited Liability Company were filed on 09/07/2022 Florida document number \(\frac{\text{W22000113584}}{22000387}\)						
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liah	oility company here:				
		The Company of the Co	of LCV and a skin		l C"	
The new name must be distinguishable and contain the		9 Sugar Road Box 322	i "LLC or the abbr	eviation "L.	1.C.	
Enter new principal offices address, if applicable:			:	202	-	
Principal office address MUST BE A STRE	<u>ET ADDKESS)</u>	Newfane, VT 05345		IK De	Secretary,	
Enter new mailing address, if applicable:		P O Box 322	ţ	Y - 9		
Mailing address MAY BE A POST OFFICE			-#:- 			
		Newfane, VT 05345	- <u>-</u>	<u>. c</u>		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			enter the name	of the nev	w registe	
N. D. C. LOW. All.	3073 Indian Ri	ver Drive NE				
New Registered Office Address:						
	Palm Bay		, Florida ³²⁹⁰	15		
		City	, 1 1011044	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

Jane K. Mc allister

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	Jane K McAllister	9 Sugar Road Box 322, Newfain, VT 05345	\equiv Add
			□Remove
		MU	□Change
MGR	Ira R Shapiro, PA	16375 NE 18 Ave N Miami Fl 33162	🗆 Add
			≣Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Remove
			□Change

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an effect	e date, if other than the date of filing: 04/28/2023 (optional) ive 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
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
I is filed	
ated _	Jane K Mc allister Signature of a member or authorized representative of a member
	a a K M- allital
	gane i me occupier
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00