

1220003912585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

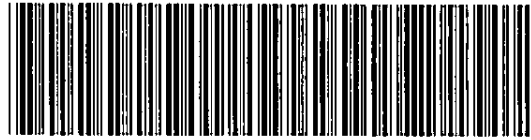
(Document Number)

Certified Copies _____ Certificates of Status _____

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J. HORNE
JUN 12 2023

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RECEIVED
2023 JUN -9 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 JUN -9 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

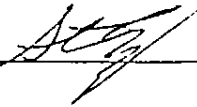
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A49ST LLC

Please Debit 120000000257 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by: SETH

06/09/23

Name

Date

Time

Walk-In

Will Pick Up

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A49ST LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Watson

Name of Person

Law Office of John A. Watson

Firm/Company

2501 E. Commercial Boulevard, Ste.208

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Watson

Name of Person

at 954

Area Code

803-7515

Daytime Telephone Number

Enclosed is a check for the 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 enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

A49ST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 JUN -9 AM 9:38
SECRETARY
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on September 8, 2022 and assigned
Florida document number L22000392585.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

Domenica Frasca, Co -Trustee of Adua Frasca
Revocable Living Trust u/a/d August 27, 2019

New Registered Office Address:

2881 E. Oakland Park Boulevard, Ste. 486

Enter Florida street address

Fort Lauderdale

City

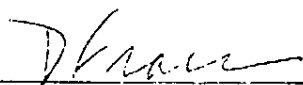
Florida

33306

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Frasca, CoTrustee of Adua Frasca Revocable Living Trust u/a/d August 27, 2019	2881 E. Oakland Park Boulevard, Ste. 486 Fort Lauderdale, FL 33306	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Domenica Frasca, Co -Trustee of Adua Frasca Revocable Living Trust u/a/d August 27, 2019	2881 E. Oakland Park Boulevard, Ste. 486 Fort Lauderdale, FL 33306	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 5 2023

Signature of a member or authorized representative of a member

Domenica Frasca, Co -Trustee of Adua Frasca Revocable Living Trust u/a/d August 27, 2019

Typed or printed name of signee

Filing Fee: \$25.00