## L22 000 438 749

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

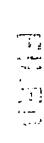




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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations			
SUBJECT: Thomas E	Cetnar Jr LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Thomas E Cetnar Jr			
		Name of Person		
	Thomas E Cetnar Jr LLC			
		Firm/Company		
	6318 Yellowtop Drive			<b>2</b> 0
		Address		ECR TAI
	Lakewood Ranch, FL 342	02		2022 NOV -3 PILL SECRETARY S
		City/State and Zip Code		
	Tjcetn01@gmail.com		· · · · · · · · · · · · · · · · · · ·	
		to be used for future annual report not	incation)	·- : <u>U</u>
For further information c	oncerning this matter, please c	all:		·:1
Thomas E Cetnar Jr		at ( 941 ) 830-6264		<u></u>
Name o	f Person	Area Code Daytin	ne 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 & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Set Division of Contrect of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee be Street, Suite 8	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I nomas E Cetnar Jr LLC	ited Liability Compa	any as it now appears on our records	<u></u> )
	(A Pionua Linnieu	главину Сотрану)	
The Articles of Organization for this Limited I	Liability Company	were filed on 10/11/22	and assigned
Florida document number L22000438749	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		6318 Yellowtop Drive	
s amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" ter new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable:  alling 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:  Thomas E Cetnar Jr  New Registered Office Address:  Enter Florida street address  Enter Florida street address			
			202
			700 P
er new mailing address, if applicable: 6318 Yellowtop Drive			
(Mailing address MAY BE A POST OFFICE	BOX)	Lakewood Ranch, Fl 34202	<u> </u>
			Property of the control of the contr
			<u>-</u>
		address on our records, <u>enter t</u>	the name of the new register
agent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	Thomas E Cett	nar Jr	
New Registered Office Address:	6318 Yellowto	p Drive	
		Enter Florida street address	
	Lakewood Ran	nch , Flo	rida <u>34202</u>
		City	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.

I 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>	Address	Type of Action
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Tective date, if other in effective date is listed	e <b>r than the date o</b> f I, the date must be spec	t filing: rific and cannot be p	prior to date of filing	or more than 90 da	(optional) ys after filing.) Pu	irsuant to	605.020
ote: If the date inser- ocument's effective d	ed in this block doe ate on the Departme	s not meet the ap ent of State's reco	plicable statutory rds.	filing requiremen	its, this date wil	I not be	listed a
record specifies a dela	iyed effective date, l	but not an effectiv	ve time, at 12:01	a.m. on the earlie	r of: (b) The 9	0th day a	ifter the
is filed.							
		2022					
ated 10/31		, 2022	· ·				
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	· An	ire of a member or a			<u>.</u>		-