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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	ест:	OLOMB, KAT	2 & SCHWART ted Liability Company	2 PLLC
The end	Division of Corporations COLOMB, KATZ & SCHWARTZ PLLC Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. The colomb and the contemporation of the following: FRIC GOLOMB Name of Person GOLOMB KATZ & SCHWARTZ PLLC Firm/Company 2645 Exercitive Park Dr. Ste 107 Address Wester FL 33331 City/State and Zip Code egolomb C 95C-pa.com B-mail address: (to be used for future annual report notification) wither information concerning this matter, please call: FRIC GOLOMB Name of Person at (954) Area Code Daytime Telephone Number Seed is a check for the following amount: C25,00 Filing Fee Scortified Copy (additional copy is enclosed)			
Please	return all corresponde	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: FRIC GOLOMB Name of Person GOLOMB KATZ & SCHWALT & PLLC Firm/Company 2645 Exercitive Park Dr. 54e 107 Address Weston FL 33331 City/State and Zip Code equilibrial address: (to be used for future annual report notification) Incerning this matter, please call: GOLOMB at (954) 272 - 4100 Daytime Telephone Number Following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Street Address: Registration Section		
		E	RIC GOLOM	В
			KATZ & Sc	
		2645 Exeru	•	Ste 107
		Weston F egolombe	City/State and Zip Code 756-pa.com	31
For for			are submitted for filing. Some matter to the following: ERIC GOLOMB Name of Person Name of Person Name of Person Name of Person OMB KATZ & Schwartz PLLC Firm/Company Executive Park Dr. Ste 107 Address Address FL 33331 City/State and Zip Code OC 95C-pa.(om) address: (to be used for future annual report notification) please call: at (954) Area Code Daytime Telephone Number The & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
				272 - 4100 Daytime Telephone Number
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address: Registration Sectorivision of Corp		Registra	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co.	mpany as it now appears on our records.) ted Liability Company)
(A Florida Limi	
The Articles of Organization for this Limited Liability Comp. Florida document number <u>しるようの 451530</u> .	any were filed on 10 20 22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

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>	Last wame	Address	Type of Action
MGR	TRICIA	Lee Golomb	2645 Executive Park. Dr. Ste 107	X Add
	LAST NAME:	Lee Golomb)	Address 2645 Executive PARK. DR. Ste 107 Weston FL 33331	□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
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				Change
	<u></u>			□ Add
				□Remove
				∏Change

-		
		
an effect ote: If	we date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing if the date inserted in this block does not meet the applicable statuto ent's effective date on the Department of State's records.	ing or more than 90 days after filing.) Pursuant to 605.0207
record s	I specifies a delayed effective date, but not an effective time, at 12:0 ed.	I a.m. on the earlier of: (b) The 90th day after the
ated	October 24 2022.	1 0
	Signature of a member or authorized repres	entative of a member