L22000458508

(Requestor's Name)
MARLA SCHAFFER
NANCY S. FREEMAN, P.A. i 2461 W STATE ROAD 426 STE 1001
OVIEDO FL 32765-4508
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1150 Louisiana, LLC					_
(<u>Name of the Limited L.</u> (A F	iability Company as it nov lorida Limited Liability Cor	w нрреят сол our mpany)	records.)		
The Articles of Organization for this Limited Liabil Florida document number <u>L22000458508</u>	ity Company were filed	d on October 2	5, 2022	and	assigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	limited liability comp	pany here:			,
The new name must be distinguishable and contain the words	"Limited Liability Compan	ny," the designation	n "LLC" or the	abbreviation	ı"L.L.C."
Enter new principal offices address, if applicable	::				
Principal office address MUST BE A STREET A	DDRESS)				7012
				,	.:
					50
Enter new mailing address, if applicable:			_		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>				
			<u></u> .		·.?
					Ğ
B. If amending the registered agent and/or regis agent and/or the new registered office address he		n our records,	enter the n	ame of the	new registere
Name of New Registered Agent:	IS15	Jones	>		
New Registered Office Address:	JSIS 300 S INTE WINTER P	RLACHEN Enter Florida stree	Ave	Unit	201
	La) water D	APY	Flacia.	FI	3278
_	City		, riorida	Zip C	ode

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.

It 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
MGR	Carly P Thurman	300 South Interlachen Ave., Unit 201	□Add
		Winter Park, FL 32789	■ Remove
			□Add
			Remove
			□Remove
			□Change
			□Add
			Remove
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tive date, if other than the date of filing:	(antional)
effective date is listed, the date must be specific and cannot be prior to date of filing o	or more than 90 days after filing.) Pursuant to 6
If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	iling requirements, this date will not be it
·	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.s	m, on the earlier of: (b) The 90th day af
filed.	
ed 11/21/22	
Signature of a member or authorized representation	<u>_</u>

Filing Fee: \$25.00