L22000476497

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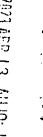
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COVER LETTER

TO: Registration Section **Division of Corporations** Laichak Consulting LLC SUBJECT: 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: Robert Stephen Laichak 3rd Name of Person Laichak consulting LLC Firm/Company 515 Nursery Lane Address Naples FL, 34119 City/State and Zip Code Captbob927@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 954 330-1203 Robert Laichak Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. **\$25.00** Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co Florida document number L22000476497		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	office address on our records, <u>en</u> Enter Florida street add	
	, Florida	
	Cip	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, ent as provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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>	Address	Type of Action
			□Add
		□Remove	
			□Change
			□ Remove
			□ Add □ Remove □ Change
			⊒Remove '
		17 (A)	=
			□Remove
			□Add
			□Remove
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			🗆 Add
			□Remove
			□Change

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01-01-2023 ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing returnent's effective date on the Department of State's records.	than 90 days after filing.) Pursua	it to 605.02 t be listed :
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on a sfiled.	the earlier of: (b) The 90th d	
03-31-2023		2023 FPR
ed	•	10 10 10
WA In		$\frac{1}{\omega}$
Signature of a member or authorized representative of a	a member	
Robert Stephen Laichak 3rd	- 15. 14.71	<u>ë</u>