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## Pine Cottage LLC

Telephone: (561) 921-7946

Address: 441 SW 5<sup>th</sup> Ave Boynton Beach Fl, 33435

#### **COVER LETTER**

Division of Corporations
SUBJECT: Pine Cottage L.L.C. Name of Limited Liability Company
Name of Chimied Chaothey Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Super Name of Person
Pine Cottage LLC. Film/Company
441 SW 5th AUC Address
Boynton Beach Florida 33435  City/State and Zip Code  Michael (Super @gmail.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Super at (561) 921 - 7946  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{\$60.00 Filing Fee}\$\$ Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section

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

TO:

Registration Section

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

Pine Cottage L.L.C		
Pine Cottage L.L.C. (Name of the Limited Liability (A Florida L.)	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 11/10/48-1999 and assigned	
The Articles of Organization for this Limited Liability Company were filed on 11 186486000 and assigned Florida document number 122000478806.  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.		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:		
Enter new mailing address, if applicable:	441 SW 5 th Ave, Boynton Beach	
(Mailing address MAY BE A POST OFFICE BOX)	r(01,00, 5) (3)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered	
Name of New Registered Agent:	·	
New Registered Office Address:	1 5 W 5 th AJC  Enter Florida street address	
<u>Bo</u>	77 ton Beach Florida 33435  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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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		<del></del>	Remove
		<del></del>	□ Change
		<del></del>	□Add
			□Remove
			□(Changa

II amei	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an efformation of the second seco	ctive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to make affective date on the Department of State's records.
the record cord is tile	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 d.
Dated_	9/9/24
	Ment
	Signature of a member or authorized representative of a member
	Michael Super Typed or printed name of signee