

L2300006513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

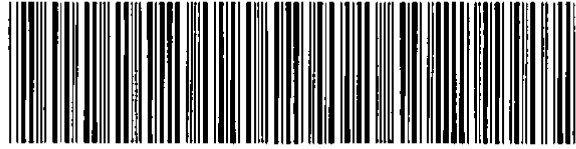
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TALLAHASSEE, FL

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# COVER LETTER

## Registration Section Division of Corporations

Julian Acquisitions LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

Eric Julian

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6890 1st St SW

\_\_\_\_\_  
Address

Vero Beach, FL, 32968

\_\_\_\_\_  
City/State and Zip Code

e.julian@gasverobeach.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Julian 765 479-3804  
\_\_\_\_\_  
Name of Person at ( ) Area Code Daytime Telephone Number

osed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Julian Acquisitions LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 12/29/2022 and assigned  
Florida document number L23000005113.

This amendment is submitted to amend the following:

**If amending name, enter the new name of the limited liability company here:**

Julian Acquisitions LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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**

**If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*Zip Code*

**By 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 Changing Registered Agent, Signature of New Registered Agent**

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Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

BR = Authorized Member

<u>Signature</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 11-10, 2024

Signature

Signature of a member or authorized representative of a member

Eric Julian

Typed or printed name of signee

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TALLAHASSEE, FL

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