12300031981

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations
SUBJECT: 4535 Ficus LLC 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:
Frankie Bhagan Name of Person
4535 Figure LLC
4572 Ficus Tree Rd
Kissimmee FL 34758 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frankie Bhagan at (407) 793 8904 Name of Person Jan (407) 793 8904 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S\$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee

Mailing Address:

Registration Section

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

Certificate of Status &

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4535	Ficus	i LLC
(Name of the Limited Liability Compan (A Florida Limited L.	iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2300031981</u>	were filed on	17 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the design	ation "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)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our recor	ds, enter the name of the new register
Name of New Registered Agent:	- 	
New Registered Office Address:		
	Enter Florida si	reet address
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	e uy	,
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	e to act in this capa performance of my (city. I further agree to comply with the duties, and I am familiar wilk 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>	Address	Type of Action
MGR	Andrew Bhagan	3051 Hobart St.#4A Woodside NY 11377	□Add
		(10002	Remove
() A	01 RI .		□Change
KH_	Steven Bhagan		
			Remove
M C D	(1)		*□Change
11/6/13	Steven Bhagan		\ CAdd
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