## L23000073764

(Requestor's Name)
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(City/State/Zip/Phone #)
· , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
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AL ARCOLL CO

2028 JUL 13 PH 5: 4



## **COVER LETTER**

TO: Registration So Division of Cor		•	
SUBJECT:	OVAN Starte of Limit	ited Liability Company	
	J		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	$M_{\mathcal{O}}$	ame of Person	<u> </u>
		Firm/Company	
	5500 N Mi	litary trail	#408
	Boxa Ro	City/State and Zip Code	3496
	E-mailuddress: (1	STC V LODO C	tal. Cal
For further information c	oncerning this matter, please ca	all:	
Morgan Name o	Stein FPerson	at (551) 404 -	ETClephone Number
Enclosed is a check for th	ne 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Morgan Stei	2023 JUL 13 PM 5: 47
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
<u> </u>	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and crovided for in Chapter 605, F.S. Or, if this document is
If Chan-	ging 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>	Name	Address	Type of Action
AMBR	Morgan Stein	5500 N. Military trai	<u> </u>
	J	4408	□Remove
		Boca Raton FL 334	96 □Change
<del></del>			□Add
		<del> </del>	Remove
			Change
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(If an effect Note: If	the date, if other than the date of filing:
he record ord is file	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 _	June 28 2023
	Marm 4
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00