L23000076370

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COVER LETTER

Division of Corp	oorations				
AMY S GR	EENBERG MARGOLIS LLC	;			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	AMY MARGOLIS				
		Name of Person	•	-	
AMY S GREENBERG MARGOLIS LLC					
Firm/Company				-	
7802 LAKESIDE BLVD, UNIT 735					
	Address			_	
BOCA RATON, FL 33434			2023 HAR 13		
	City/State and Zip Code			1.5.7.2 1.5.7.2	-
	ADMIN@BAUMTAX.CO			.	
		to be used for future annual report notific	ation)	ES P	
For further information co	ncerning this matter, please c	all:		PH 4:1	الاستان الاستان
ALANNA TIFFANY		212 662-3923		16	
Name of	Person	Area Code Daytime	Felephone Number	 r	
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
Mailing Address	į	Street Address:			

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

AMY S GREENBERG MAR		
(Name of the Lim	ited Liability Company as it now appe- (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited I	.iability Company were filed on _	FEBRUARY 10, 2023 and assigned
Florida document number <u>L23000076370</u>	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company b	<u>ere</u> :
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 appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	(* ^>
		28 2
Enter new mailing address, if applicable:		ω
(Mailing address MAY BE A POST OFFICE BOX)		
		Co - Co
		THE 16
B. If amending the registered agent and/or agent and/or the new registered office addre		records, enter the name of the new registere
Name of New Registered Agent:	AMY MARGOLIS	
New Registered Office Address:	7802 LAKESIDE BLVD, UNIT	735
	Enter Fle	orida street adaress
	BOCA RATON	, Florida 33434
	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.

f 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
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			☐ Change
			□Add
			□ Remove
			☐ Change
			\ \ \ \ \ \
			Remove
			Remove
			
			P DAdd 7
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Department.	be specific and cannot does not meet	ot be prior to date of the applicable stati	filing or more than 90		
record specifies a delayed The 90th day after the reco		, but not an efi	fective time, at	12:01 a.m. on	the earlier o
MARCH 7	20	023			21
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