123000093837

(Requestor's Name)
(Address)
(Áddress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 MAR 22 AM 8: 5

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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

DATE 03/22/2023	— (850) 656-4724 —
	WALK IN
ENTITY NAME 4525 V	Vetherbee LLC
DOCUMENT NUMBER	
	PLEASE FILE THE ATTACHED AND RETURN
XXXX	Plain Copy
	Certified Copy
	Certificate of Status
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
40/WT0// DE 0505/W4	
COUNTRY OF DESTINAT	
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED \$25.00	ACCOUNT # 120160000072

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
	erbee LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	10 the following:	
	Kenneth L. Schlitt		
	Corporations eitherhee LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Kenneth L. Schlitt Name of Person Keating & Schlitt, P.A. Firm/Company 250 East Colonial Drive, Suite 300 Address Orlando, FL 32801 City/State and Zip Code E-mail address; (to be used for future annual report notification) on concerning this matter, please call: at \(\frac{407}{Area Code} \) Taytime Telephone Number or the following amount: Street Address: Street Address:		
	Keating & Schlitt, P.A.		
		Firm/Company	·······
	250 East Colonial Drive, S	Suite 300	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please c	all:	
Kenneth Schlitt			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration S Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4525 WETHERBEE LLC

2023 MAR 22 AM 8:5'

(A Florida Limited I	ny as it now appears on our records.) Liability Company)	* ~
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000093837</u>	were filed on February 21, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 BON		
B. If amending the registered agent and/or registered office	address on our records, enter the na	me of the new regist
went and the the new positional office address bares		
agent and/or the new registered office address here:		
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:	Enter Florida street address , Florida _	Zip Code

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
MGR	Согу Ктоедег	750 Jackson Avenue, Suite 104	■Add
		Winter Park, FL 32789	□Remove
			□Change
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Fective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	s block does not n	nect the applica	to date of filing or r able statutory filin	op nore than 90 days a ng requirements.	otional) ter filing.) Pursuant this date will not	to 605.0207 be listed as
ecord specifies a delayed effe is filed.	ctive date, but not	an effective ti	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th da	iy after the
March 21		2023				
nicu	<u></u> '		<u> </u>			
	2		rized representativ			

Filing Fee: \$25.00