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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		u 🖛
SUBJECT: Linds	ey Stoothoff	LLC	
- •	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ndence concerning this matter	to the following:	
	,	Stoothaft	
	لمهنا	Sal Hardhath	
	CAVO	Same of Person	
		Firm/Company	
	1601	Summit Avenu	ul
		Address	
	<u></u>	sunt Dora. FL 327	57
		City/State and Zip Code	
	E-mail address:	werthattre Comail to be used for future annual deport noti	·COY
For further information c	oncerning this matter, please c	_	irean(VII)
1, 1, .	\		- Co. I C.
Lindsey	Verhah	at (352)602=	0848
Named	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Addres		Street Address:	
Registration S		Registration Se	
Division of C		Division of Cor The Centre of T	
P () 1808 6 ()	1	ine centre of l	99228081181

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida United Liability Company)

The Articles of Organization for this Limited Liab	oility Company wer	re filed on	3117123	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the Lindsey Verhall LLC. The new name must be distinguishable and contain the work.				
_		Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address		ress on our r	ecords, <u>enter the n</u>	ame of the new regist
Name of New Registered Agent:	Lindsey \	lenhail	<u> </u>	
New Registered Office Address:		Enter Flor	ida street address	
			, Florida	

New Registered Agent's Signature, if changing Registered Agent:

(Name of the Limi

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Begistered Agent. Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Lindsey Verthait	1001 Summit Avenue	🗆 Add
	O	1001 Summit Avenue Mt. Dora, FL 32757	□Remove
			🗆 Add
			□ Remove
		 	
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
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in effecti o <mark>te:</mark> If	date, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.
record s is filed	
is filed	

EN E CARON