L23000176563

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Name Change

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Charlotte Cassia, UC 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:
Charlotte Casidy
Charlotte assian UC
Firm/Company
3020 Tol Ave
Sarasota, FL 34232
E-mail address: (to be used for futurg annual report notification)
For further information concerning this matter, please call:
Charlotte Cassay at 419 SS3 6125 =
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status 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



June 17, 2024

CHARLOTTE CASSIDY 3620 TEAL AVE SARASOTA, FL 34232

SUBJECT: CHAR CASSIDY REALTOR, LLC

Ref. Number: L23000176563

We have received your document for CHAR CASSIDY REALTOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing the last 2 pages.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 324A00013141

JUL 16 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF '

(Name of the Limited Liability Compa	ny as it now appears on bur records.)	
(A Florida Cimited)	Liability Company)	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sidy UC	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Same	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Sanl	2021 JUIL 1 6 A
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u>. </u>
	, Florid:	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.

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
			
			□Remove
			□Change
			□Add
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ted	West au
	Signature of a member or authorized representative of a member
	Typed or printed name of signer