# L23000 201961

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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S. ROBERTS AUG 15 2023

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv<sup>-</sup>

### **ORDER FORM**

TO : Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

RE(	QUEST	DATE	8/14/2023	PRIORITY	Regular Approval	OUR REF # (Order ID	<b>)#)</b>  1170208

ORDER ENTITY ALICE IN ALLC

DI CACE DEDECOM THE EOLI OWING CEDVICES.	 -
PLEASE PERFORM THE FOLLOWING SERVICES: ALICE IN ALLC (FL)	
ALIOE III AI EEO (1 L)	

File the attached amendment and provide a certified copy.

NOTES		• -		٠	 •. •	•	-	 	 	* *,
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\$55.00 Au	TUIOI	ize	J							

## RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, August 14, 2023 Page 1 of 1

## **COVER LETTER**

TO: Registration S Division of Co								
ALICE IN	TALLC							
Name of Limited Liability Company								
The enclosed Articles of	f Amendment and fee(s) are subn	nitted for tiling.						
Please return all corresp	ondence concerning this matter to	o the following:						
	Nicholas P. Hopeck							
		Name of Person	<del></del>					
	Delaney Corporate Services	, Ltd.						
	<u> </u>	Firm/Company						
	99 Washington Ave., Ste. 8	05A						
		Address	<del></del>					
	Albany, NY 12210							
		City/State and Zip Code						
	nick@delaneycorporate.com							
	E-mail address: (to	be used for future annual report noti	fication)					
For further information	concerning this matter, please cal	l:						
Nicholas P. Hopeck		800 717-2810 at ()_						
Name	of Person	Area Code Daytim	e Telephone Number					
Enclosed is a check for	the following amount:							
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ction					
Division of (		Division of Corporations						
P.O. Box 633		The Centre of Tallahassee						
Tallahassee,	ttu 52514	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALICE IN ALLI.C					
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.23000201961}{1.23000201961}$ .	were filed on 4/24/2023	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ollity company here:				
he 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:	19115 SE Coral Reef Lane				
Principal office address MUST BE A STREET ADDRESS)	Jupiter, FL 33458	265			
		::			
Inter new mailing address, if applicable:	19115 SE Coral Reef Lane				
Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33458	:			
		<del>".</del> □			
		19			
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address	<del></del>			
<del></del>	, Florid	aZip 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Robert Shatles	19115 SE Coral Reef Lane	□Add
		Jupiter, FL 33458	□Remove
			■Change
MGR	Brooke Shatles	19115 SE Coral Reef Lane	□ Add
		Jupiter, FL 33458	□Remove
	<del></del>		□Add
			□Remove
			□Change
			🗖 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated August 14 2023 /s/ Laura Blasberg Signature of a member or authorized representative of a member Laura Blasberg, Esq. Typed or printed name of signee

Filing Fee: \$25.00