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(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Dusiness Fathy Marce)
(Business Entity Name)
(Document Number)
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Posie the Name of Lim	Pobo + LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_	Burnsfine Name of Person	
	100510 Fho	Robot LL C	<u>. </u>
	102 (gm	bridge Dr	.
	Longwood Advertising	City/State and Zip Code City/State and Zip Code Code Code Code Code Code Code Code Code	19 hoo. Lo.y
For further information c	oncerning this matter, please ca		
Robert Name o	Burnstine f Person	at (<u>407</u>) 46 Area Code Daytime	2 / 7 / O Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rosic the Cimite	Robo L L L C H Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	bility Company were filed on 6/26/2023 and assigned
This amendment is submitted to amend the follo	ving:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applica	
(Principal office address MUST BE A STREE)	*ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE L	<u>OX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office addres	gistered office address on our records, <u>enter the name of the new registoners:</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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.

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
AMBR_	Norman Burnstine	102 (ambridge Dr Longwood, Fl 32779	
			X Remove
			□Change
MGR	Rober + Burnstine	102 (ambridge Or Longwood, FL 32719	_ Add
			□Remove
		change from AMBRtONER	X Change
MGR	Devic Louza	102 (amb1: dgc D1 Long wood, FL 32779	□Add
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	pecifies a del	layed effec	tive date, bu	ut not an	effective t	ime, at 12:	01 a.m. on	the earlie	er of: (b)	The 90th o	day after the
is filed.		./	 >	· <u>s</u>	2024	<u>/</u> .					
is filed.	8/25 201 Rol	'.{	urns	ting	2024	orized same	osontativo a	La membe	<u> </u>		