## L23000309755

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

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**Registration Section** 

TO:

Division of Cor	porations	<b>**</b> *	<b>.</b>
Degen's Sm	all Engine Sales & Repair LLO	2	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Cyndi Yeretzian		
		Name of Person	
	Degen's Small Engine Sale	es & Repair LLC	
		Firm/Company	
	3912 S State Road 7		
		Address	
	Miramar, FL 33023		
	da	City/State and Zip Code	<del></del>
	degens@att.net  E-mail address: (	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Cyndi Yeretzian		215 4604110	
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne 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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee, 1	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
		<b>20</b> TAL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		H. J. C.
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		<b>1</b>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ent</u>	
agent and/or the new registered office address here:		∴ 22
Name of Name Deviational Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Florida 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
MGR	Olivia Effron		□Add
			■ Remove
			□Change
AMBR	Olivia Effron		■Add
			□ Remove
			□ Change
MGR	Justin Yeretzian		≅ Add
			□Remove
			□Change
AMBR	Cyndi Yeretzian	<del></del>	■Add
			Remove
		<del></del>	
		<del> </del>	□Add
	<del></del>	□ Remove	
		Change	
		<del></del>	
			□Remove
			☐ Change

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Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filin <b>Note:</b> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 rd is filed.	a.m. on the earlier of: (b) The 90th	n day after the
Dated		
2 21.0/		
Signature of a member or authorized represer		

Typed or printed name of signee