L23000331611

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Business Entity Name)
(Document Number)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
249250

Office Use Only



200411492852

2023 JUL 27 KM 8: 45



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Toes in the Sand PCLLC
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:
Christine A. Lillia. Name of Person
Toes in the Sand PC LLC Firm/Company
32835 Divids Glen Cir Address
Sorrento Fl 32766 City/State and Zip Code Christian Mily & Wix Center, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christine A. Lillig at (407) 595-7972 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: A ready on line S25.00 Filing Fee
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L)C LC ny as it now appears on our records.) inbility Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>W2300094677</u> .	51 14
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	511 Cinnamor Broch Ln Polm Coast FL 32137
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	32835 Divids Glen Cir Surrento FL 32766
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 register
Name of New Registered Agent: A Con V.	J
New Registered Office Address: 32835 [Tuds Glen Cir Enter Florida street address

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 or removed t	Authorized Person(s) authorized to from our records:	manage, enter the title, name, and add	Iress of each person being added
MGR = Ms AMBR = At	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
	Christine A. Lillig	32837 DruidsGlenCir S	CKrent FL 3216Add
			□Remove
			□Change
			□Add
			☐Remove
			Change
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			- TRemove
			,
			UAdd
			□Remove

_____ □Change

MA					
					
					
- · · · · · · · · · · · · · · · · · · ·			<u>-</u>	<u> </u>	
				. 	
					
			<u>-</u>		<u>_</u>
			11		
					
					
		•			
					
		**************************************	-		
fective date, if other the control of the control o	fate must be specific and ca this block does not mee	nnot be prior to date of it the applicable statu	filing or more than 90 day tory tiling requiremen	(optional) s after filing.) Pursuant to ts, this date will not be	o 605 020 : listed a:
ecord specifies a delayed of stilled.	effective date, but not an	reffective time, at 12	:01 a.m. on the earlier	of: (b) The 90th day	ufter the
ed Wy	8	<u>2023</u>			
	(LL)A	1. Sell -	esentative of a member		