L23000361609

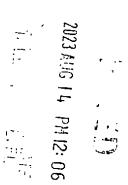
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200413815732

08/14/23--01042--005 **55.00



y stanton

COVER LETTER

•.

Registration Section Division of Corporations

TO:

\ 8195 SE Cr SUBJECT:	roft Circle H7.LLC				
30b0LC1.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Pamela Cuffaro				
		Name of Person			
		Firm/Company			
	6111 Michael St				
		Address			
		City/State and Zip Code			
	Jupiter, FL 33458 E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please ca		,		
Pamela Cuffaro		561 768-1290 at ()			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	The Centre of Tallahassee		
		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8195 SE Croft Circle H7, LLC

2023 AUG 14 PH 12: 06

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on AUGUS	Г 1, 2023	and assigned
Florida document number 1.23000361609				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		8195 SE Croft Circle H7		
Principal office address MUST BE A STREI		Hobe Sound, FL 3345	5	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
				
B. If amending the registered agent and/or	registered office	addrees on our record	e enter the name	of the new registe
gent and/or the new registered office addre	•	address on our record	s, enter the name	of the new registe
Name of New Registered Agent:	Pamela Cuffaro)		·
New Registered Office Address:	6111 Michael S	St		
	<u></u>	Enter Florida str	eet address	
	Jupiter		, Florida <u>334</u>	58
		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.

f 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pamela Cuffaro	6111 Michael St Jupiter Fl. 33458	□Add
			≡ Remove
			Change
AMBR	Paul Cuffaro	16331 123rd Ter N Jupiter Fl 33478	Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
			Change

). If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
· I. Panala	Cuffaro accept the
1 minting	not of Remistered Ageint
and The	i sura. A in a lavido la soliva contina
$\frac{1}{1}$	Junivas war you Educations
G the po	23577 DN.
-	
	
	
<u> </u>	
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 lock does not meet the applicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effectivord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 8	2023
	Signature of a member of authorized representative of a member
Pamela Cuffaro	
<u> </u>	Typed or printed name of signee