L23000367400

(Requestor's Name)
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COVER LETTER

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Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	Poake - Finance	2 & Insurance LLC mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	bmitted for filing.	
Please return all correspo	indence concerning this matter	r to the following:	
	<u>Li</u>	MOT Moake	
	Moake -	Finance & Insurar	nce LLC
	476 Avila	Place	
	Howey In Th	E 1411S, FL 3473 City/State and Zip Code	37
	Moake a E-mail address: ()	ification)
For further information ed	oncerning this matter, please c	all:	دع ن
Limbr M	Person	at (<u>40'7</u>) <u>694</u> Area Code Daytim	1 - 7323 ne Telephone Number
Enclosed is a check for th	e following amount:		
12 \$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 Address Registration S	ection	Street Address: Registration Sec	
Division of Co P.O. Box 6321		Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Make - Finance (Name of the Limited Liability Comp. (A Florida Limited	& MSULANCE LL bany as it now appears on our records I Liability Company)	<u>C</u>
The Articles of Organization for this Limited Liability Compan Florida document number <u>LZ3000367400</u> .	y were filed on <u>August 4</u>	1, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia Organizational Consulting The new name must be distinguishable and contain the words "Limited Liab	& Design LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		4-3
Enter new mailing address, if applicable:	same	
(Mailing address MAY BE A POST OFFICE BOX)	· <u>-</u>	**************************************

B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enter r tortaa street adaress	
	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	rsp. Com

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	Name	Address	Type of Action
N/A_			□Add
			□Remove
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior lick does not meet the applica	15, 2024 to date of filing or more than 90 of able statutory filing requirem	_ (optional) lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
record specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
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nted	_A. Mi	Pall Pall Prized representative of a member	

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Filing Fee: \$25.00