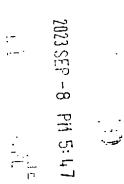
123000381104

(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.



900415203719

09/08/23--01015--001 ++30.00



Office Use Only

9/25/2023

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	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:		
	Shaun Keough			
		Name of Person		
	Keough Law PLLC			
		Firm/Company		
	3505 Lake Lynda Dr. Suit	e 200		
		Address		
	Orlando, FL 32817			
	City/State and Zip Code			
	skeough@yourtrademarkde	fender.com		
	E-mail address: (to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:		
Shaun Keough		321 262-1146 at()		
Name o	f Person		ne 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 Addres	i c .	Street Address:		
Registration :		Registration Se	ction	
Division of C		Division of Cor		
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -8 PH 5: 47

Carolyn Oyler Real Estate Advisor, PLLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) bility Company)	<u> </u>
The Articles of Organization for this Limited Liability Company we	ere filed on 08/14/2023	and assigned
Florida document number L23000381104		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
Carolyn Oyler PLLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		****
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	- 1	
-		
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	dress on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I	am familiar with and

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
*****			□Add
			□ Remove
			☐ Change
		□Remove	
			
			□Remove
			Change
		□Add	
			□ Remove
			□ Add
		□Removc	

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<u></u>	
F ffective	ate, if other than the date of filing: (optional)
Note: If	ate, if other than the date of filing:
the record : ord is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
D-4 A	ust 31 2023
Dated _	
	Signature of a member or authorized representative of a member

. . . .

Filing Fee: \$25.00

Typed or printed name of signee