## L23000388617

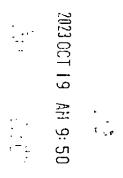
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: Registration Section .

Tallahassee, FL 32314

Division of Cor	porations					
EIGHTY-N SUBJECT:	SINE MAINTENANCE, LLC					
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:				
	WEIMAR B. SONDGERA	хтн				
	Name of Person					
	EIGHTY-NINE MAINTE	NANCE, LLC				
		Firm/Company				
	630 N. MORRIS AVE.					
		Address				
	INVERNESS, FL 34453					
		City/State and Zip Code				
	eightyninebm@gmail.com					
	E-mail address: (	to be used for future annual report noti	fication)			
For further information c	concerning this matter, please ca	all;				
WEIMAR B. SONDGERATH		352 933-6959 at ( )				
Name o	of Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he 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 Address Registration		Street Address:	ction			
Division of C		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 19 AM 9: 50

EIGHTY-NINE MAINTENANCE, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/17/2023}{}$ \_\_\_\_\_ and assigned Florida document number 1.23000388617 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_ City

## 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>	<u>Address</u>	Type of Action
AMBR	WEIMAR B. SONDGERATH	630 N. MORRIS AVE., INVERNESS, FL 34453	<b>=</b> Add
			□Remove
			□Change
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		<del></del>	[]Change
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Fffort	ive date, if other than the date of filing: (optional)
lf an ef	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
accui	tent's effective date on the Department of State's records.
w reca	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is f	
Dated	October 17 2023
	$\sim$ 1) $\sim$ 24

Filing Fee: \$25.00

Typed or printed name of signee