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COVER LETTER

TO: Registration Section Division of Corporations

HOLLIE SHARKEY LLC SUBJECT:

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:

RINAY ZAHORIAN

Name of Person

TAX & FINANCIAL STRATEGISTS LLC

Firm/Company

28089 VANDERBILT DRIVE SUITE 201

Address

BONITA SPRINGS, FL. 34134

City/State and Zip Code

RINAY@WONDERTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RINAY ZAHORIAN

239 405-8395 at (_____)____

Name of Person

(_____)____ Area Code Di

Daytime Telephone Number

Enclosed is a check for the 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

HOLLIE SHARKEY LLC

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

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)	20
	<u></u>
	-1
Enter new mailing address, if applicable:	20
(Mailing address MAY BE A POST OFFICE BOX)	. م <u>ح</u>
	<u> </u>

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:	TAX & FINANICAL STRATEG	ISTS LLC	
New Registered Office Address:	28089 VANDERBILT DRIVE SUITE 201		
<u>New Registrer Office, Raitwa</u> .	Enter Flor	ida sircei address	
	BONITA SPRINGS	, Florida ³⁴¹³⁴	
	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.

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>T'itle</u>	Name	<u>Address</u>	Type of Action
AMBR	HOLLIE SHARKEY	9100 DR MLK JR STREET N #407	
		ST. PETERSBURG, Fl., 33702	□Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date	of filing:		(optional)	
Effective date, if other than the date fan effective date is listed, the date must be s <u>Note:</u> If the date inserted in this block of document's effective date on the Depart	loes not meet the applicable	late of filing or more than 90 c statutory filing requirem	days after filing.) Pursuant to 60 nents, this date will not be lis	5.0207 (3)(b) ted as the
e record specifies a delayed effective dat rd is filed.	e, but not an effective time	, at 12:01 a.m. on the earl	ier of: (b) The 90th day aft	er the
SEPTEMBER 28TH	2023			
Mana				
Sign Sign	ature of a member or authoriz	ed representative of a membe	cr	

HOLLIE SHARKEY

Typed or printed name of signee