L23000498535

(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sa	off Dennison L	LC	
SUBJECT.	Name of Lim	ited Liability Company	
The englaced Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
	Sa 4	Dennison	
		Name of Person	
		Firm/Company	
	<u> </u>	Cobblestone Drive Address	
	Fort	Pierce, FL 34945 City/State and Zip Code	
		City/State and Zip Code	OC PARTY.
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	, E 7
Swift Den	NISON	at (<u>772</u>) <u>486 - 557</u> Area Code Daytime	70
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 Addres		<u>Street Address:</u> Registration Sect	ion
Registration Division of C		Division of Corp	
P.O. Box 632	27	The Centre of Ta 2415 N. Monroe	
Tallahassee,	FL 34314	4713 IN. MODIOC	Street, Suite O10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scott Denniso	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	i <mark>ny as it now appears on our records.</mark>) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $11/2/2023$ and assigned
Florida document number <u>L 23000498535</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the 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)	SS A
	ms = t=
	AIE 47
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 the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Title AMBR	Alexandra Denvison	84601 Cobblestone drive	🗀 Add
		Fort Pierce Florida 34945	Remove
			⊠Change
MGR	Scott Denvison	8461 Cobblestone Drive	X ∕dd
		Fort Pierce, Florida 34945	□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 day	(optiona	l) ie) Purs	uant to 605.02
ote: If the date inserted in this block does not meet the applicable statute	ory filing requiremen	its, this da	te will	not be listed
ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	01 a.m. on the earlier	of: (b)	The 90t	h day after th
ated 04/18/2024 Ouxandria Deni Signature of a member or authorized repre				

Filing Fee: \$25.00