

L23000526259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

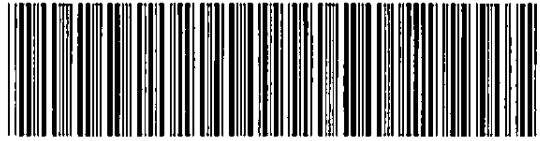
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/19/24 --01010--010 \*\$25.00

2024 MAR 19 AM 6:26  
STATE  
OFF

4:11 PM

R. HUNT

03/18/24

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SULEA LLC  
\_\_\_\_\_  
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:

SHIRLEY A. COHEN  
\_\_\_\_\_  
Name of Person

SULEA SCCGLH LLC  
\_\_\_\_\_  
Firm/Company

434 BONTONA AVE.  
\_\_\_\_\_  
Address

FT. LAUDERDALE, FL 33301  
\_\_\_\_\_  
City/State and Zip Code

cherigiecek@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

RECEIVED  
STATE  
TALLAHASSEE, FL  
JAN 19 2009  
AM 6:26

For further information concerning this matter, please call:

Cheri Cohen-Giecek  
\_\_\_\_\_  
Name of Person

847 894-9304  
at ( )  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

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**

SULEA LLC

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

The Articles of Organization for this Limited Liability Company were filed on 11/22/2023 and assigned Florida document number L23000526259.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SULEA SCCGLH LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

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CLERK OF COURT  
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AM 6:26  
STATE  
OF FLORIDA  
TALLAHASSEE, FL

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*

*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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 01-19-2019 BY 60322 JH/6:27

2024 APR 19 AM 6:27  
INVESTIGATIVE  
STATE  
FL

2/24/19 AM 6:27  
IN: ARH SEEL FL

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated 03/15, 2024

Shirley A. Baker  
Signature of a member or authorized representative of a member

SHIRLEY A. COHEN

Typed or printed name of signee

**Filing Fee: \$25.00**