

To:

Page: 1 of 4

2024-02-20 08:14:50 UTC+14

18506176383

From: ZenBusiness User  
11240000672363

2/23/24, 1:04 PM

Division of Corporations

L23000551692

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H24000067236 3)))



H240000672363ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (844)449-3624

2024 FEB 19 AM 11:45  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
206 W HANCOCK ST LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB 20 2024

To:

Page: 2 of 4

2024-02-20 08:14:50 UTC-14

18506176383

From: ZenBusiness User

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

206 W Hancock St 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 01/01/2024 and assigned  
Florida document number L23000551692.

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 "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**)

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

City Florida 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>                      |
|--------------|----------------------|-------------------------|--------------------------------------------|
| AMBR         | Felipe Luis Oliveira | 2507 Jonila Avenue      | <input type="checkbox"/> Add               |
|              |                      | Lakeland, FL 33803-3246 | <input checked="" type="checkbox"/> Remove |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |
|              |                      |                         | <input type="checkbox"/> Add               |
|              |                      |                         | <input type="checkbox"/> Remove            |
|              |                      |                         | <input type="checkbox"/> Change            |

FILED  
2024 FEB 19 AM 11:45  
SHEPHERD & ASSOCIATES, P.A.  
TALLAHASSEE, FL 32301

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILED  
2024 FEB 19 AM 11:45  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: UPON APPROVAL (optional)

(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 605.0207-13(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 February 19th 2024

As Magdaline Michelle Olivera

Signature of a member or authorized representative of a member

Magdaline Michelle Olivera

Typed or printed name of signer

**Filing Fee: \$25.00**

H2-4600X067236 3