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(Address)

(Address)

(City/State/Zip/Phone #)

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FILE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FABIAN SCUDAT
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:

FABIAN SCUDAT
Name of Person

Firm/Company

3664 Summerwind Cir
Address

Evadenton Florida 34209
City/State and Zip Code

fabian@scudat.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIAN SCUDAT at (888) 662-4499
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status &
Certified Copy
(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**

618 WILKINSON AVE 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 12-16-2023 and assigned Florida document number 20230005540091.

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)

_____ Zip Code _____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

_____ Zip Code _____

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:

DR JOLP DODAT

New Registered Office Address:

3661 Summerwind Cir

Enter Florida street address

Buckner Florida 34209
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>
AMBR	CHRISTINA DECHIZ	3669 Seminole Ind Cir Brodarton FL 34209	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		MGR	<input checked="" type="checkbox"/> Change
MGR	FABIAN DECHIZ	3669 Seminole Ind Cir Brodarton FL 34209	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change