



Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
	k #3F LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Kinga Fauser		
		Name of Person	
		Firm/Company	
	365 South Point Drive		
		Address	
	Sugarloaf Key, FL 33042		
	bkfauser@aol.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information (concerning this matter, please c	all:	
Kinga Fauser		970 379-3491	
Name of Person		Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16 Hancock #3F 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 $\frac{01/12/2024}{2}$ _____ and assigned Florida document number L24000028169 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 44 Garden #2 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) 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

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

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ective date, if other than (the date of filing	;			(optional)		
reffective date is fisted, the date tet. If the date inserted in this	must be specific and s block does not m	cannot be prior to neet the applicab	date of filing or ole statutory fil	more than 90 da ing requiremen	ys after filing. its, this date	.) Pursuant to 602 will not be list	.0207 cd as
cument's effective date on the	Department of S	tate's records.	·				
ecord specifies a delayed effect	ctive date, but not	an effective tim	e, at 12:01 a.n	n, on the earlie	r of: (b) Th	ne 90th day afte	r the
s filed.							
March 8		2024					
March 8			- ·				
0							
	Signature of a n	nember or authori	zed representati	ve of a member			
	<u>.</u>						

Filing Fee: \$25.00