L2400043946

	Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor				
enibira	1002 SE 15	CT LLC Doc. No. L24000	0042946		
SUBJE	UI;	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Stephen E. Romig			
			Name of Person		
			Firm/Company		
		501 SW Riverview Ave.			
			Address		
		Stuart, FL 34994			
		sromig11@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual report n	otification)	
For furth	ner information e	oncerning this matter, please co	all:		
Stephen	E. Romig		772 285-5276		
	Name o	f Person	at () Area Code Dayı	time Telephone Number	
Enclosed	d is a check for th	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 Address		Street Address:		
Registration Section Division of Corporations		Division of C	Registration Section Division of Corporations		
	P.O. Box 632	-	The Centre of	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024.77.30 77.9:37

1002 SE 15 CT 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 $\frac{01/23/2024}{1}$ ____ and assigned Florida document number L24000042946 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 "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ___

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>	Address	Type of Action
AMBR	Gonzalo S. Ocampo	4105 Cooley Ct., Lake Worth, FL 33461	\ 🗏 Add
			□Remove
			Change
AMBR	Steve S. Romig		
		4105 Cooley Ct., Lake Worth, FL 33461	■ Remove
			□Change
			□Add
			□Remove
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Dated January 27 2024 Signature of a member or authorized representative of a member	record specifies a delayed e	ffective date, but n	ot an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) The 90th day afte	r the
Signature of a member or authorized representative of a member	•						
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	d is filed.	E For	2024				

Filing Fee: \$25.00