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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
CI:DIEZT	. 113ANAS	ΓASIA LEC		
SUBJECT	· <del></del>	Name of Lim	ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Marcus Thompson, Esq.		
			Name of Person	
		Trinity Law & Title		
			Firm/Company	<del></del>
		62 Hypolita Street, Suite 2		
			Address	<del></del>
		St. Augustine, Fl. 32084		
			City/State and Zip Code	<del></del>
		marcus@trinitylawfl.com		
		E-mail address: (	to be used for future annual report not	ification)
For further	information e	oncerning this matter, please e	all:	
Marcus Th	ompson, Esq.		904 478-8188 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address:	oction
	egistration S ivision of C	section forporations	Registration Sc Division of Co	
	O. Box 632	•	The Centre of	•
T	allahassee, I	FL 32314	2415 N. Monre	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## 113ANASTASIA 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 $\frac{1/31/2024}{}$ and assigned Florida document number $\frac{1.24000058220}{}$ .
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 registere agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	James L Robinson	1039 Bruen St	<b>.</b>
		St Augustine, FL 32084	□Remove
			□ Change
AMBR	Gregory A Gibson	307 Aleazar St	<b>■</b> Add
		St Augustine, FL 32080	□Remove
			□Change
AMBR	Brian F Hans	83 Comares Dr =1C	■Add
		St Augustine, FL 32080	□Remove
			□Change
			□Add
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ective date, if other than the date must be	e specific and cannot be prior to	late of filing or more than		
te: If the date inserted in this bloc cument's effective date on the Dep	k does not meet the applicabl artment of State's records.	e statutory filing requi	rements, this date will not b	be listed as
reord specifies a delayed effective of thed.	date, but not an effective time	, at 12:01 a.m. on the	rarlier of: (b) The 90th da	y after the
May 30  _Gerald Houman	2024			
Gerald Houman				
Geram Rouman (May 30, 7074-17-58	EDT gnature of a member or authoriz	ad representative of a mi	mher	
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Filing Fee: \$25.00