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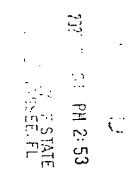
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COVER LETTER

TO: Registration So Division of Cor			
	sailles LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeffrey Siskind		
		Name of Person	
	Siskind PLLC		
		Firm/Company	
	3465 Santa Barbara Drive		
		Address) <u>(4)</u>
	Wellington, FL 33414		ering (in the second control of the second c
		City/State and Zip Code	
	jeffsiskind@msn.com		留 主
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificati all:	PH 2: 54 SCEEL FL
Jeffrey Siskind		561 352-9166	
Name o	of Person	at ()	ephone Number
Enclosed is a check for the	he 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	Street Address: Registration Section	
Division of C P.O. Box 632	•	Division of Corpora The Centre of Talla	
Tallahassec.		2415 N. Monroe St	

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

10596 Versailles Boulevard LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records mited Liability Company)	<u>;</u>)
The Articles of Organization for this Limited Liability Com	npany were filed on 02/12/2024	and assigned
Florida document number 1.24000076237		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
Schneider Family Office Holdings LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LEC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
	·	12 to 12
		PM 11
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		TP U
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	Cuy	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
		□ Add Solution □ Remove Column Solution □ Remove Column Solution □ Remove	
			□Remove
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fective date, if other than the date of filing:	ior to date of filing	or more than 90 days	optional) ofter filing 1 Pr	irsuant to 605 020
ote: If the date inserted in this block does not meet the applicament's effective date on the Department of State's record	licable statutory	filing requirements	, this date wi	Il not be listed a
També y encern e date varine Department of Since & record	ч			
ecord specifies a delayed effective date, but not an effective is filed.	e time, at 12:01 a	.m. on the earlier o	f: (b) The 9	0th day after the
ted July 19 2024				
1073	7			
Signature of a member or au				

Filing Fee: \$25.00