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(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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04/02/24--01033--007 \*\*25.00



## **COVER LETTER**

TO: Registration S Division of Co			
	Real Estate		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Maria Eugenia Siegel		
		Name of Person	
		Firm/Company	<del></del>
	12100 Dividing Oaks Trai	il W	
		Address	<del></del>
	Jacksonville Florida 3222	3	
	mariaeugeniasiegel@gmail		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	ification)
Maria Siegel		970 445-7964	
Name	of Person		ne Telephone Number
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration Se	ection
Division of (	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Liability)	Company as it now appears on our record mited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com- Florida document number <u>L24000098279</u> .	npany were filed on 02/26/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Maria Eugenia Siegeł 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 ADDRES	(25)	
		2024 /
Enter new mailing address, if applicable:		APR 7
Mailing address MAY BE A POST OFFICE BOX)		-2
	-	= 177
B. 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 register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres:	
	emer r tortuu sireet aaaress	<b>)</b>
<del> </del>	, Flo	orida

## 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>	Address	Type of Action
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			□Remove
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lf an effectiv <u>Note:</u> If th	late, if other thate date is listed, the date date inserted in the date on	ite must be specific this block does no	and cannot be pri	icable statutory	or more than 90 d filing requireme	_ <b>(optional)</b> ays after filing.) F ents, this date w	tursuant to 605.0207 ill not be listed as
e record spe d is filed.	ecifies a delayed ef	Tective date, but r	not an effective	time, at 12:01 a	a.m. on the earlie	er of: (b) The!	90th day after the
5/10 Dated	//2024	<u> </u>	Q ALL	<u>(/)</u>			
		, F.	13.1-1000				
		Signature of		horized represent	ative of a member		<del>_</del>

Filing Fee: \$25.00