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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 1313 NC 16 TEXTACE LLC  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Annelise Dussault
Name of Person
Firm/Company
1546 NW 167th AVE
Pembroke Pines FL 33028  City/State and Zip Code
E-mail address: (Jo be used for future annual report notification)
For further information concerning this matter, please call:
Annelise Dussaut at (954), 218-9020  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1313 NE 16 TOYTACE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

<b>,</b>			
The Articles of Organization for this Limited Liability Company Florida document number \( \begin{align*} & 2 & -\dot & \dot & \		12024 and assigned	
		<del></del>	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1546 NW 167th A		
(Principal office address MUST BE A STREET ADDRESS)	rembroke Pin	es FC, 33028	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1546 NW167th Pembroke P	AVE ines FL, 33028	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registered	
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
	Enter Florida street address		
	, Flori	ida	
	, F10F1 City	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 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
			□Add
			□Remove
			Change
	<del></del>		□Add
		□Remove	
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			□Remove
			□Change

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(If an effecti <u>Note:</u> If t	date, if other than the date of filing:
the record specord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated <u>(</u>	June 22 2024
	Signature of a member or authorized representative of a member
	Annelise Dussault

Filing Fee: \$25.00