L24000187031

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COVER LETTER

TO:

TO: Registration Section Division of Corporations	•
SUBJECT: Oceanside Estate S	ales & Consignment LLC
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Elizabeth	Name of Person
Oceanside Es	state Sales & Consignment LLC Firm/Company
18941 SE.	SUDDARD DIVE
TEQUESTA F	FLURIDA 33464 ity/State and Zip Code
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, please call:	
Elizabeth Dacic Name of Person	at (973) 818-8513 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

He Sales & Consign d Liability Company as it now appears on our records.) A Florida Limited Liability Company) Oceanside The Articles of Organization for this Limited Liability Company were filed on 4/22/2024 Florida document number <u>L24</u> 000 187031 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 "L.L.C." 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 _, 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.

City

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>	<u>Address</u>	Type of Action
MGR	Elizabeth Dacic	18941 SE SUDDARD DRIVE TEQUESTA FLURIDA 334	I LI Add
		□Remove	
		□Change	
		□Add	
		□Remove	
		□Change	
		□Add	
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		□Change	
			🗀 Add
			□Remove
		□Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I NOTICED THE ADRRESS ON
FILING INFORMATION DOCUMENT #
L24000187031 5AYS "FLORIDA" for
the city.
Should be
18941 SE SUDDARD DRIVE
TEQUESTA PLORIDA, 33469
TEQUESTA FLORIDA, 33969
1
"Sometimes TEQUESTA POPS UP AS
JUPITER, SO ETHER TEQUESTA
OR JUPITER IS FINE, BUT I NOTICE
IT SAID "FLORIDA' FOR THE CITY
WHICH IS INCORRECT.
THANK YOU
Eliza BETH DACIC
973-818-8513
*ADD EIN 99-2644862
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 4/29/24,
Signature of a member or authorized representative of a member
ELIZABETH DACIC Typed or printed name of signee

•