## LZ4000199174

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## **COVER LETTER**

	ion of Cor			
	Richard A.F	Bruno II LLC		
SUBJECT: _		Name of Lim	ited Liability Company	<del></del>
The enclosed /	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Anastasia Reimchen		
			Name of Person	
		<u></u>	Firm/Company	
		1304 Coastal Bay Blvd		
			Address	
		Boynton Beach FL 33435		
			City/State and Zip Code	
		nastiareimehen@gmail.com E-mail address: (	to be used for future annual repo	ort notification)
For further inf	ormation c	oncerning this matter, please ca	all:	
Anastasia Rei	mchen		561 52853	70
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>≡</b> \$25.00 Fil	ling Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres stration S		Street Addr	
_		orporations	Registration Division of	on Section  f Corporations
	Box 632			e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Richard A Bruno II 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  $\frac{4'29/2024}{4}$ and assigned Florida document number 1.24000199174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Anastasia Reimchen LLC 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 copinly 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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Effective date, if other than	the date of filing: _			(optional)		
f an effective date is listed, the date Note: If the date inserted in the document's effective date on the state of the st	is block does not meet	the applicable				
e record specifies a delayed effect is filed.	ective date, but not an	effective time,	at 12:01 a.m. on th	ne earlier of: (b) Th	e 90th day after t	he
Dated	2	024				
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Typed or printed name of signee