## L24000201435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State Zipir Horte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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SECRETARY OF STATE TALLAHASSEE, FL





## **COVER LETTER**

	egistration Se vision of Cor					
SUBJĒCT:	Twenty Fiv	e Sixty, LLC				
SUBJECT	•	Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
			Name of Person			
Victor S. Kostro, PA						
Firm/Company						
701 Thomas Barbour Drive						
Address						
		Melbourne			s z	•
	City/State and Zip Code Florida 32935					; ====================================
			to be used for future annual report notif	ication)		
For further	information c	oncerning this matter, please c	all:		ECRETARY OF ST TALLAHASSEE, I	,
Victor S. K			321 6084910 at()_		— F. ST.	)
	Name o	f Person	Area Code Daytime	e Telephone Number	LT LE	ສິ
Enclosed is	a check for th	ne following amount:				
■ \$25.00 Filing Fee			(additional copy is enclosed) Certified		f Status &	

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

Twenty Five Sixty, LLC	any as it now annuars on our records )	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000201435	were filed on April 30, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2024 J 3ECR TAL
Enter new mailing address, if applicable:		JL II PM ETARY OF LAHASSE
Mailing address MAY BE A POST OFFICE BOX)		STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	

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
MGR	William H. Hard, Jr.		□Add
		<del></del>	□Remove
			■ Change
	····		□Add
			□Remove
			□ Change
<del></del>			SECRETARY OF STATES TALLAHASSEE, FL
			LAH Remove
			× × × × × × × × × × × × × × × × × × ×
			□Remove
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this be document's effective date on the I	lock does not meet the app	ior to date of filing of	or more than 90 day filing requiremen	(optional) as after filing.) Puts, this date wil	Inot be list	5. <b>63</b> 07 (3)( ed as the
he record specifies a delayed effecti ord is filed.	ve date, but not an effective	e time, at 12:01 a.	.m. on the earlier	of: (b) The 9	0th day afte	r the
Dated	. 2024	·				
V	Signature of a member or au	thorized representa	ative of a member			
Vistor C. Voutes	-	•				
Victor S. Kostro	Typed or pr	inted name of signs	cc			

Filing Fee: \$25.00