# L24000236346

(Requestor's Name)	
(Address)	<u>,</u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
; SUBJECT:	Donn 2 Name of Limi	R Kaufman	nihc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Do	nna R. Hau	<u>fmann</u>
		Firm/Company	
	23308 1-10	NRA Tarke DIVO	
	Fernandina	Beach FL 3	32034
	Kaufmac E-mail address: (1	o be used for diture annual report notifi	ication)
For further information c	concerning this matter, please ea	ail:	
Donna Name o	R. Koufma	$\frac{1}{\text{Area Code}}$ Area Code Daytime	2004 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	Kouf man UC y as it now appears on our records.) sability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\underline{L2400236346}$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil $\mathcal{N}/\mathcal{A}$	<del></del>	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_N/A	
(Principal office address MUST BE A STREET ADDRESS)	_ <i>M</i> / <i>A</i>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registere	<u>ed</u>
Name of New Registered Agent:	V/A	
	Enter Florida street address	
	. Florida City Zip Code	
No. 10 de la constante de la c	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	e

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A-		🗆 Add
	·	<del></del>	🗆 Remove
		<del> </del>	□Change
<del></del>			□Add
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			Chango

<del>-</del>	information, enter change(s) here: (Attach additional sheets, if necessary.)	
<u>In</u>	the Articles of Organization	
for m	the Articles of Organization yLLC. On artical IV	
the	Signature of Maniford of	
1118	Signature of member or on	
(tc	HORIZEC REPRESENTATIVE	
	Should Read	
	Should Read Donna R. Kaufmann"	
<del> </del>	Not Not	
	Donna T. Kaufmann	
<del></del>		
<del></del>		
If an effective date is listed, t Note: If the date inserted	than the date of filing:	
e record specifies a delayed is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated		
	A De Male Street	
	Signature of a member or authorized representative of a member	
	Dan Dan Smaln	
	Typed or printed name of signee	. ب

Filing Fee: \$25.00