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COVER LETTER

TO: Registration S Division of Co				
	Plaza, LLC			
	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	TOM1952	KUSIAK Name of Person		
	DRIVEL	JAY PLAZA, LL Firm/Company	. C	
	9062 19	Hantic Blod		
	JACKSI TKUSIAK	ONVILLE FL 3 City/State and Zip Code 826 Gmail. con to be used for future annual report not	2211_	
For further information of	concerning this matter, please c	all:		
Name o	of Person	at () Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he following amount:		SECRE TALL	2024 JU
□ \$25.00 Filing Fee	[] \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. AH AR Certificate of States & O radditional copy is encluded?	
Mailing Addres		Street Address:		
Registration 5		Registration Se		
Division of C P.O. Box 632		Division of Cor	-	
Tallahassee, 1		The Centre of T		
rananassee, l	L D 24214	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DRIVEWAY PLAZA LLC

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iy as i <mark>t now appears on</mark> our lability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L2400023756</u>	were filed on MAY	22,24	and assigned	
This amendment is submitted to amend the following:	reding name, enter the new name of the limited liability company here: me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." ty principal offices address, if applicable: Loffice address MUST BE A STREET ADDRESS) ty mailing address, if applicable: address MAY BE A POST OFFICE BOX) unding the registered agent and/or registered office address on our records, enter the name of the limit address here: Name of New Registered Agent: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida			
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abl	previation "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)				-
agent and/or the new registered office address here:	ddress on our records,	enter the name	ALLA ALLA	red
Name of New Registered Agent:		 _	<u>25</u> -<	- 17
New Registered Office Address:	Enter Florida stree	t address	— ∵ ∾ — •	
	2,700 1 100 100 100 100 100 100 100 100 10		PA 83	
	City	Florida	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

Title <u>Name</u> Address Type of Action MGR TOMASZ KUSTAK 9062 ATLANTIC BLVD SAdd _____ □Add _____ Change _____ □Add

_____ □Change

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			AN OF STAIR
ve date, if other than the date of fil	ling:	(optional)	•
If the date inserted in this block does no ent's effective date on the Department of	of meet the applicable statutory f	or more than 90 days after filing.) Pursuant to diling requirements, this date will not be be	isted
we were the control of the replantment of	of State 8 records.		
d specifies a delayed effective date, but a	not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th day a	fter th
7-19-2	.4		

Filing Fee: \$25.00