## L24000347776

Office Use Only



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## **COVER LETTER**

Division of Cor			
1207 Indust	tries 69, LLC		
SOUBLETT		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicholas Derasmo		
		Name of Person	
	1207 Industries 69, LLC		
		Firm/Company	
	6295 Via Regina #3		
		Address	
	Boca Raton, Florida 33433		
		City/State and Zip Code	
	plumserv22@gmail.com		
For further information e	oncerning this matter, please or	to be used for future annual report notif	ication)
Nicholas Derasmo		561 672-5070 at ()	
Name of Person			Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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

120	07 Industries 69, LLC	
(Name of the Limited Liab (A Flori	<u>ility Company as it now appears on o</u> ida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number L24000347776		24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
<u>Principal office address MUST BE A STREET ADL</u>	ORESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or register gent and/or the new registered office address here		s, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	zet address
<u> </u>		, Florida
	City	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 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	Nicholas Derasmo	200 Glades Rd #2	<b>≡</b> Add
		Boca Raton, Florida 33432	□ Remove
			Change
AMBR	Anne Bevilaequa	200 Glades Rd. #2	
		Boca Raton, Florida 33432	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			CONTROL TO THE TAKE T

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ective date, if other than the date of filing: neffective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing the first the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ng or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
scord specifies a delayed effective date, but not an effective time, at 12:01	La.m. on the earlier of: (b) The 90th day after th
s filed.	S 200
1 August 15 22711	2024 AUG SCALLE
ted <u>August 15</u> , 2024.	'' N)
Signature of a member or authorized represe	
	entative of a member

Typed or printed name of signee