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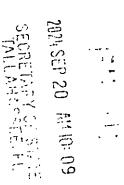
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Donna Christine Pastore, LLC SUBJECT: \_\_\_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Donna C Pastore Name of Person Firm/Company 103 Ridgeway Blvd Address Deland, FL 32724 City/State and Zip Code DonnaChuckPastore@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Pastore Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Donna Christine Pastore, LLC				
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on $\frac{08/2}{1}$	22/2024	and assi	gned
lorida document number L24000368213	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>'e</u> :		
the new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	signation "LLC" or the	abbreviation "L.L	C."
Inter new principal offices address, if applicable:			·,	
Principal office address MUST BE A STREET ADD	RESS)			
Inter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
<ol><li>If amending the registered agent and/or registere gent and/or the new registered office address here:</li></ol>	ed office address on our rec	cords, <u>enter the na</u>	me of the new	register
g and the new regionered white address nere.			202 SE	
Name of New Registered Agent:			2024 SEP SECRET	# 1 4
New Registered Office Address:			20 21	
	Enter Floria	la strvet address , Florida	## E	-
	City	, Fioritia _	"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
AMBR	Donna C Pastore	103 Ridgeway Blvd Deland, FL 32724	<b>=</b> Add
			□Remove
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Donna C Pastore	

Filing Fee: \$25.00