

L24000438360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

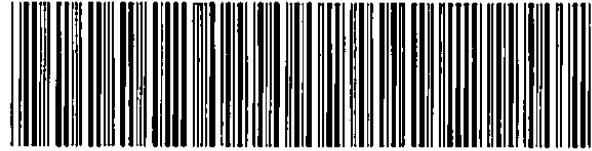
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cial Instructions to Filing Officer:

amend

Office Use Only



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TALLAHASSEE, FL

*[Handwritten signature]*

# COVER LETTER

Registration Section  
Division of Corporations

GIRAFFEASS LLC

ECT: \_\_\_\_\_  
Name of Limited Liability Company

elosed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Mike Town

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

9900 Spectrum Dr

\_\_\_\_\_  
Address

Austin, TX 78717

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

Town \_\_\_\_\_ at (800) 773-0888  
Name of Person Area Code Daytime Telephone Number

sed is a check for the following amount:

\$25.00 Filing Fee    ☒ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**TO  
ARTICLES OF ORGANIZATION  
OF**

GIRAFFEASS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 10/14/2024 and assigned  
a document number 124000438360.

Amendment is submitted to amend the following:

**amending name, enter the new name of the limited liability company here:**

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**new principal offices address, if applicable:**

**Principal office address MUST BE A STREET ADDRESS**

**new mailing address, if applicable:**

**Mailing address MAY BE A POST OFFICE BOX**

**If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

City

Zip Code

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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**

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= Manager

R = Authorized Member

Name

Address

Type of Action

Michael Rosen

10113 Mangrove DR Apt #101, Boynton Beach, FL  
33437.

☒ Add

☐ Remove

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Effective date, if other than the date of filing: 11/11/2024 (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 69.020(3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
The 90th day after the record is filed.

Dated 11/11/2024 . . .



Signature of a member or authorized representative of a member

Karina Tsedik

Typed or printed name of signee