

L14 000 164509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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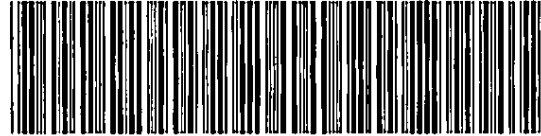
(Business Entity Name)

(Document Number)

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2020 OCT 1 7 PM 4:30

Amend/CC

OCT 1 1 2020  
I ALBRITTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 451 Specialty LLC  
\_\_\_\_\_  
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:

Marie T. Figueiredo  
\_\_\_\_\_  
Name of Person  
  
\_\_\_\_\_  
Firm/Company  
  
1096 Oswego Lane  
\_\_\_\_\_  
Address  
  
The Villages, Fl. 32162  
\_\_\_\_\_  
City/State and Zip Code  
  
Marie.marmac@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Figueiredo                                  407          920-0750  
\_\_\_\_\_  
Name of Person                                  at (          )                                  \_\_\_\_\_  
Area Code                                  Daytime Telephone Number

Enclosed 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 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**

451 Specialty LLC

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

The Articles of Organization for this Limited Liability Company were filed on October 20, 2014 and assigned  
Florida document number L14000164509

This amendment is submitted to amend the following:

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

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

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

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

ROBERT J. MAKSIMOWICZ

530 S. RONALD REAGAN BLVD #100

LONGWOOD, FL. 32750

**Enter new mailing address, if applicable:**

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

MARIE T. FIGUEIREDO

1096 OSWEGO LANE

THE VILLAGES, FL. 32162

**B. 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:

MARIE T. FIGUEIREDO

New Registered Office Address:

1096 OSWEGO LANE

*Enter Florida street address*

THE VILLAGES

Florida 32162

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marie T. Figueiredo	1096 Oswego Lane	<input type="checkbox"/> Add
		The Villages, Fl 32162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Robert J. Maksimowicz	530 S. Ronald Reagan Blvd #100	<input type="checkbox"/> Add
		Longwood, Fl. 32750	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jamie M. Howard	7249 E. Wynfield Loop	<input type="checkbox"/> Add
		Midland, Georgia 31820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ROBERT J. MAKSIMOWICZ 900 SHARES

JAMIE M. HOWARD 100 SHARES

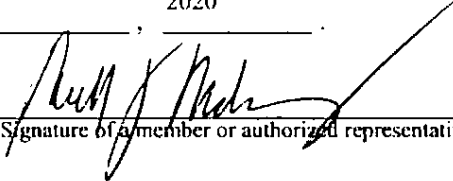
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 605.0207 (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: (b) The 90th day after the record is filed.

Dated AUGUST 24, 2020

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

ROBERT J. MAKSIMOWICZ

\_\_\_\_\_  
Typed or printed name of signee