

L15 0000 88 6666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

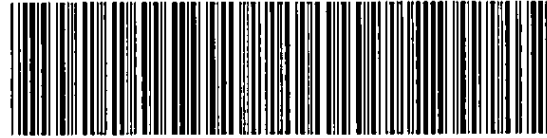
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAY 31 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 MAY 31 AM 10:50

JUN - 1 2023

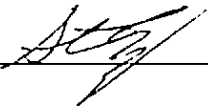
**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2399 COLLINS UNIT 1031 HOLDINGS, LLC

Please Debit 120000000257 For: 25

Thank you Seth Neeley



Signature

Requested by: SETH 05/31/23

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2399 Collins Unit 1031 Holdings, 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:

Monica Tirado, Esq.

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

Tirado-Luciano & Tirado, P.A.

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

2655 LeJeune Rd., Suite 1109

\_\_\_\_\_  
Address

Coral Gables, FL 33134

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

mt@tltirado.com

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

For further information concerning this matter, please call:

Monica Tirado

at ( 305 ) 3902320

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

\_\_\_\_\_  
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**

2399 Collins Unit 1031 Holdings, LLC

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

2023 MAY 31 11:10:50

The Articles of Organization for this Limited Liability Company were filed on May 19, 2015 and assigned Florida document number L1500088666.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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 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         | Iradj Radjabi-Rahat   | 20 Pine St., PH12, New York, NY 10005 | <input type="checkbox"/> Add               |
|              |   |                                       | <input checked="" type="checkbox"/> Remove |
|              |   |                                       | <input type="checkbox"/> Change            |
| AMBR         | Mehri Ajir  | 20 Pine St., PH12, New York, NY 10005 | <input type="checkbox"/> Add               |
|              |   |                                       | <input checked="" type="checkbox"/> Remove |
|              |   |                                       | <input type="checkbox"/> Change            |
| AMBR         | Mehri Ajir 2023 Gift Trust dated January 4, 2023              | 20 Pine St., PH12, New York, NY 10005 | <input checked="" type="checkbox"/> Add    |
|              |   |                                       | <input type="checkbox"/> Remove            |
|              |   |                                       | <input type="checkbox"/> Change            |
| AMBR         | Iradj Radjabi Rahat Irrevocable Trust dated December 28, 2021 | 20 Pine St., PH12, New York, NY 10005 | <input checked="" type="checkbox"/> Add    |
|              |   |                                       | <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            |

