

L20000163962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

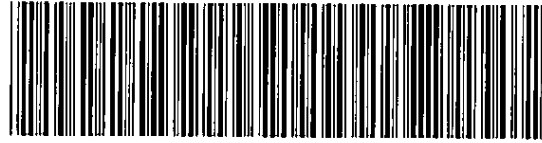
(Document Number)

Certified Copies _____

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Special Instructions to Filing Officer:

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
2023 NOV 13 PM 12:40

RECEIVED
2023 NOV 13 AM 11:25
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R. HUNT

11/13/23



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 11/13/23
Order #: 1309728-2
Re: 9082 Capistrano Street North No. 4806 LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

AUTH:

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9082 Capistrano Street North No. 4806 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:

JoAnn Lavelli

Name of Person

Firm/Company

526 Pelham Road Unit 2

Address

New Rochelle, N.Y. 10805

City/State and Zip Code

Joannlavelliesca@gmail.com

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

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FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JoAnn Lavelli

Name of Person

at 718, 541-6485

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**

9082 Capistrano Street North NO. 4806 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 6/18/20 and assigned Florida document number _____

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)

9082 Capistrano Street North NO. 4806 LLC
526 Pelham Road Unit 2
New Rochelle, N.Y. 10805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9082 Capistrano Street North NO 4806 LLC
526 Pelham Road Unit 2
New Rochelle, N.Y. 10805

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

STATE OF FLORIDA
DIVISION OF CORPORATE
REGISTRATION
2023 NOV 13 PM 12:40

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

Multiple horizontal lines for amending information.

DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
2023 NOV 13 PM 12:40

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 11/6/ 2023

JoAnn Lavelli
Signature of a member or authorized representative of a member

JoAnn Lavelli
Typed or printed name of signee