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2024 MAY 17 PM 2: 32 SECRETARY OF STALL

COVER LETTER

TO: Registration Section

Div	ision of Cor	porations			
	1625 SE 2n	nd Court LLC			
SUBJECT:		Name of Lin	nited Liability Company		-
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Sandra Siegal			
			Name of Person	•	_
		1625 SE 2nd Court LLC			ر م
		·	Firm/Company	· · · · · · · · · · · · · · · · · · ·	TW SEC NAM
		1629 SE 2nd Ct			2024 MAY 17 PM 2: 32 SECRETARY OF STATE
			Address		- 550 1
		Fort Lauderdale, FL 3330	1		RY OF SIGNASSEE. FI
		spsiegal@gmail.com	City/State and Zip Code		32
			to be used for future annual report no	tification)	•
For further in	iformation co	oncerning this matter, please c			
Sandra Siega	ય		847 910-6840		
	Name of	Person	Area Code Daytir	ne Telephone Numb	er .
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy hal copy is enclosed)
	ling Address		<u>Street Address:</u> Registration Se	ection	
Div	rision of Co	orporations	Division of Co	rporations	
). Box 632 lahassee. F		The Centre of		010
1 311	ianassee. F	1. 32314	2415 N. Monro	se Street Stute.	NIO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1625 SE 2nd Court LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000429037</u>	ompany were filed on September 30, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nar	SECRETION OF DESCRIPTION OF DESCRIPT
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 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
MGR	Karen Leavitt Trust	1629 SE 2nd Ct	
		Fort Lauderdale, FL 33301	■ Remove
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	12/31/2023	
if an eft <u>Note:</u>	(opticetive date, if other than the date of filing: (cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	r filing.) Pursuant to 605.0207 (
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (bled.	o) The 90th day after the
Dated	05/07/2024 Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	