

Florida Department of State  
 Division of Corporations  
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L23000203603

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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : WARD, DAMON & POSNER, P.A.  
 Account Number : 072262000447  
 Phone : (561)842-3000  
 Fax Number : (561)842-3626

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: asehigman@warddamon.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**9620 171ST ST N LLC**

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DIVISION OF CORPORATIONS  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

2023 APR 27 PM 1:58

APR 27 2023

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 9620 171ST ST N 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:

Adam R. Seligman, Esq.

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

Ward Damon PL

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

4420 Beacon Circle

\_\_\_\_\_  
Address

West Palm Beach, FL 33407

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

aseligman@warddamon.com

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

For further information concerning this matter, please call:

Adam R. Seligman

at ( 561 ) 842-3000

\_\_\_\_\_  
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

9620 171ST ST N 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 April 24, 2023 and assigned Florida document number L23000203603

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

City, Florida Zip Code

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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>
MGR	Kathryn R. Tricarico	7893 162nd Court North	<input type="checkbox"/> Add
		West Palm Beach, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Timothy Ryan	1401 Brickell Ave., Suite 1500	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

