L180000 28137

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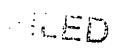
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COVER LETTER

TO: Registration So Division of Cor				
A	TER, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jed R. Friedman, Esq.			
		Name of Person		
	Jed R. Friedman, P.A.			
		Firm/Company	·	
	25 SE 2nd Avenue, Suite 7	716		
		Address		
	Miami, FL 33131			
		City/State and Zip Code		
	friedmanlawfirm@gmail.co	om to be used for future annual re	nort notification	
For further information of	concerning this matter, please c		port normeactory	
Jed R. Friedman		305 375-6	90808	
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Add Registrati	ress: ion Section	
Registration Section Division of Corporations		-	of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. I	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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209 NW 61 TER, 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 L		2018 and assigne
Florida document number L18000028137		
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company her	<u>c</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
		<u>-</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addre	C.	eords, enter the name of the new re
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	a street address
	<u> </u>	, Florida Zip Code
	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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address SECREMAN OF STATE 209 NW 61 Terrace ALLAN MEET, FL	Type of Act
MGRM	Ariel Anteby Saka	209 NW 61 Terrace	= Add
		Hollywood, FL 33024	□Remove
			□Change
			□Add
			□Remove
			□ Change
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	2023 NOV 13 PM 2: 47
	CHARLES AND
	PALLAMASSEE FL
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	date of filing:
record specifies a delayed effective I is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
November 12	2020
$\mathcal{M}_{\mathcal{M}}$	
	Signature of a member or authorized representative of a member
Jed R. Friedman, Esq.	
	Typed or printed name of signee
	y process of the control of the con

Filing Fee: \$25.00