Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000204839 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)675-5944

**Ente	er the	email	address	for	this	busin	ess	entity	to	be	used	for	future
٠.	annual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ole	a≤e.	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 74 CORPLLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

74 CORPLLC				
(Name of the Limited Liability Co (A Florida Limi	nipany as it now appeal ted Liability Company)	's on our records.)		
The Articles of Organization for this Limited Liability Compa	any were filed on	05/13/202.	and assigned	•
Florida document number <u>L21000222891</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company he	e <u>re</u> :		
74 LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the d	esignation "LLC" or t	he abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:			6 2	
(Principal office address MUST BE A STREET ADDRESS	2			
	· 		- F. A	, _
			58E	± •
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	collowing: e of the limited liability company here: le words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." clicable: EET ADDRESS) CE BOX) Tregistered office address on our records, enter the name of the new registered			
			<u> </u>	
>> VC	13	و المرسوب والمرسوب		
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our r	ecoras, <u>enter tre 1</u>	name of the new regi	steret
Name of New Registered Agent:			 -	
New Registered Office Address:				_
	Enter Flor	ida 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.

ΡΔ	CE.	a	3/	a.
$-\mu$	ルコト	- 12	.57	ш

LAZARUS CORPORATE

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
	Authorized Member

Title	<u>Name</u>	Address	Type of Action
			DAdd
			□Remove
			[]Change
			🗆 Add
			Remove
			□Change
***			□Add
			DRemove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			DAdd
			□Remove
			Change

										
·								,		
·		·········		 -	·			·		
								_		
 -			_							
					 -		····			
			 -				 -			
 _										
						- 				
		·			· 	-				
		·								
							- 4			
							-		22	
		<u>-</u> -				··		2.2		
								ASS ASS	72	נב
				·						13 11
				- -				711 C.	70	0
				·					ن	
							•	_ →	7	
					·				-	
										
									'	
ffective date, if o	other than the date of fili	ng:					(onti-	-15		
an effective date is lis	other than the date of fill sted, the date must be specific as serted in this block does not	nd canno	t be prior	r to date of	filing or mo	re than 90 day	s after fil	ing.) Pu	suant to	605.020
	serted in this block does not e date on the Department of				ttory.filing	requiremen	ts, this d	ate will	not be	listed a
	·		_	•						
record specifies a d	lelayed effective date, but no	ot an eff	fective ti	ime, at 12	:01 a.m. oi	the carlier	of: /h)	ምክል የሰ	th day s	Asy the
is filed.				,		,	O1. (D)	180 20	ui day a	irea une
				4,11	<i></i> .					
ited	MAY 20,	· _2	2021 \ ************************************							
			A STATE OF THE STA							
			/ H							

Typed or printed name of signce