

7/22/22, 9:48 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L20000247728

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To:

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

From:

Account Name : LEGAL TEAM PLLC
Account Number : 120210000040
Phone : (786)307-2393
Fax Number : (123)456-789

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

Email Address: ksuarez@legalteamservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1924 SW 9TH ST, LLC

Certificate of Status	0
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1924 SW 9TH ST. 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:

Karel Suarez

Name of Person

The Legal Team PLLC

Firm/Company

1815 SW 85 Court

Address

Miami, Florida 33155

City/State and Zip Code

ksuarez@legalteamservices.com

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

For further information concerning this matter, please call:

Karel Suarez

786

307-2393

at (_____) _____

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1924 SW 9TH ST, 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 08/21/2020 and assigned
Florida document number 120000247728.

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)

111 NE 1st Street

8th Floor #345

Miami, Florida 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 NE 1st Street

8th Floor #345

Miami, Florida 33132

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:

The Legal Team PLLC

New Registered Office Address:

1815 SW 85 Court

Enter Florida street address

Miami

City

Florida

33155

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.

DocuSigned by:

Karel Suarez

If Changing Registered Agent, Signature of New Registered Agent

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Planetting 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>
MBR	RAISIN, CONNER	1600 NE 1st Ave	<input type="checkbox"/> Add
		2916	<input checked="" type="checkbox"/> Remove
		Miami, FL 33132	<input type="checkbox"/> Change
MBR	HOLYOKE, EDWARD Z	1600 NE 1st Ave	<input type="checkbox"/> Add
		2916	<input checked="" type="checkbox"/> Remove
		Miami, FL 33132	<input type="checkbox"/> Change
MBR	EMERALD SERVICES TRUST	111 NE 1st Street	<input checked="" type="checkbox"/> Add
		8th Floor #345	<input type="checkbox"/> Remove
		Miami, Florida 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 JULY 13, 2022

- DocuSigned by:

Signature of a member or authorized representative of a member

Edward Zack Holyoke

Typed or printed name of signee

Filing Fee: \$25.00