

01/12/2024 - 14:32

(FAX)

P.001/004

1/12/24, 2:15 PM

Division of Corporations

H240000177633

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H240000177633))



H240000177633ABC

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To:

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

From:

Account Name : SERBER & ASSOCIATES, P.A.
Account Number : I20000000083
Phone : (305)932-6262
Fax Number : (305)933-9393

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

Email Address: info@serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1845 MANAGEMENT LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JAN 16 2024

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1845 MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 JAN 12 PM 3:59
HALL COUNTY CLERK
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/10/2024 and assigned
Florida document number L24000011616

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 end with 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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Steven Berman	2875 NE 191ST STREET STE 901	<input type="checkbox"/> Add
		Aventura FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2024 JAN 12 PM 3:55
TALAMON

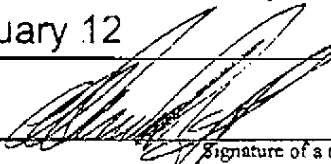
H24000177623

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 12 2024



Signature of a member or authorized representative of a member
ABRAHAM BATIEVSKY

Typed or printed name of signee

FILED
2024 JAN 12 PM 4:00
RECEIVED
TALLAHASSEE, FLORIDA