

106000/21475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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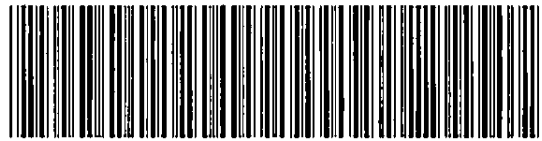
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 306 NE 2ND ROAD, 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:

JOHN P. MAAS, ESQ.

Name of Person

PELAEZ MAAS LAW, PLLC

Firm/Company

44 NE 16 STREET

Address

HOMESTEAD, FL 33030

City/State and Zip Code

BONNIE@FLORIDAROCKSTARS.COM

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

For further information concerning this matter, please call:

CANDY BROWNLOW

305

247-7132

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

CLERK OF STATE
TALLAHASSEE, FL

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

306 NE 2ND ROAD, 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 DECEMBER 21, 2006 and assigned
Florida document number L06000121475.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

7620 Plantation Road

(Principal office address MUST BE A STREET ADDRESS)

Plantation, FL 33324

Enter new mailing address, if applicable:

7620 Plantation Road

(Mailing address MAY BE A POST OFFICE BOX)

Plantation, FL 33324

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:

BARBARA BONNIE DEE

New Registered Office Address:

7620 PLANTATION ROAD

Enter Florida street address

PLANTATION

, Florida 33324

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

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TALLAHASSEE, FL

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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>
MGRM	RICHARD DIBENEDETTO	26412 SW 173 PLACE	<input type="checkbox"/> Add
		HOMESTEAD, FL 33031	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BARBARA BONNIE DEE	7620 PLANTATION ROAD	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID JAMES DIBENEDETTO	13181 EMERALD DRIVE, APT. 2	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<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"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.

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TALLAHASSEE, FL

Dated July 31 2023

Barbara B. Reel
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

BARBARA BONNIE DEE

Typed or printed name of signee

Filing Fee: \$25.00