LO80000 17578

	· <u></u>	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	
PICK-UP	☐ WAIT	MAIL
(Ru	siness Entity Name)	
(50	amess Chity Name,	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Letter Number: 120A00014792

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2020

ROBERT KAHN ROBERT O. KAHN, P.A. 4522 SHERIDAN AVE MIAMI BEACH, FL 33140

SUBJECT: HOLIDAY BY THE SEA 21, LLC

Ref. Number: L08000017578

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Division of Commentions D.O. DOY (2007, Mallaharana Eladia 2001

COVER LETTER

Division of Cor	porations				
HOLIDAY	BY THE SEA 21, LLC				
SUBJECT:		ited Liability Company			
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Robert Kahn				
		Name of Person			
	Robert O. Kahn, P.A.				
		Firm-Company	····		
	4522 Sheridan Ave				
		Address			
	Miami Beach, FL 33 (40)				
	City/State and Zip Cods				
	office@goodeartliproperty.				
	fi-mail address, (to be used for future annual report no	tification)		
For further information c	oncerning this matter, please co	all:			
Robert Kahn		786 282-4806			
Name o	f Person	at () Area Code Dayti	ne Telephone Number		
Paul au l'in au de cale Ces d	<i>(</i> -1)				
Enclosed is a check for the					
■ \$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 radditional copy is enclosed)		
Mailing Addres		Street Address:			
Registration 9		Registration S			
Division of C	orporations	Division of Co	orporations		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

(<u>Name of the Limited Liab</u> i (A Flori	ility Company as it now appear da Limited Liability Company)	S on our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on02	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Li	imited Liability Company," the d	esignation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	14831 NW 7th	Avenue
(Principal office address MUST BE A STREET ADD	Miami, FL 331	Avenue 2768 778
The fall of the second		
		24
Enter new mailing address, if applicable:	14831 NW 7th	Avenue
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 331	68 6
muning duaress MAT BE AT (33) OT FICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent:		ecords, enter the name of the new regi
New Registered Office Address:	31 NW 7th Avenue	
		ída street address
	ami	33168
Mia	***	Florida
Mia	City	

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 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>	Type of Action
MGR	WILLIAM D. BAILEY, JR.	14831 NW 7th Avenue	
			□Add
		Miami, FL 33168	CID
			□Remove
MGR	BRETT T. BAILEY	14831 NW 7th Avenue	
			🗆 🖂 🖂 dd
		Miami , FL 33168	
		·	□Remove
			Пр
			□Remove
			□ Change
			□Add
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ote:	ce date, if other than the date of filing:
record Lis file	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 id.
	June 16
	Signature of a member of authorized topiesentative of a member

Filing Fee: \$25.00