

LOS 000060175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

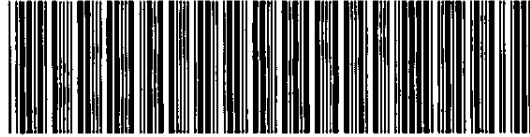
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3800821SO 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:

Ezra Natanely

Name of Person

2167 E 21ST BROOKLYN NY 11229

Firm/Company

~~PO Box 290330~~

Address

Brooklyn, NY 11229

City/State and Zip Code

enatanely1@gmail.com

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

For further information concerning this matter, please call:

Ezra Natanely

at (917) 613-7399

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

3800821SO 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 06/22/2009 and assigned
Florida document number L09000060135

This amendment is submitted to amend the following:

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

3800821SO LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

EZRA NATANELY
2167 E 21 ST BROOKLYN NY 11229
SUITE # 147

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2167 E 21 ST
SUITE # 147 BROOKLYN NY 11229

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

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SECRETARY
TALLAHASSEE
FLORIDA

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	Rachel Natanely	3800 South Ocean Drive	<input type="checkbox"/> Add
		Hollywood, FL 33019	<input checked="" type="checkbox"/> Remove
		2167 E 21 ST SUITE 147	
MGR	Ezra Natanely	PO Box 290380	<input checked="" type="checkbox"/> Add
		Brooklyn, NY 11229	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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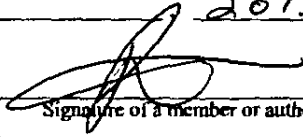
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TALLAHASSEE, FLORIDA

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 1/5 2015

☒



Signature of a member or authorized representative of a member

Rachel Natanelly

Typed or printed name of signer

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