

L09 000 089 605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

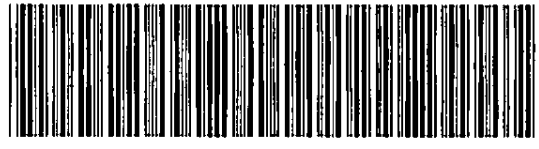
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/23/22--01012--010 **25.00

22 SEP 23 PM 3:06
RECEIVED
OFFICE OF THE CLERK
STATE OF CALIFORNIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 742 NW 15TH WAY 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:

Daniel Berg
Name of Person
Firm/Company
708 NW 42nd St
Address
Oakland Park, FL 33309
City/State and Zip Code
danielsberg954@gmail.com
E-mail address: (to be used for future annual report notification)

22 SEP 23 PM 3:06
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Daniel Berg at (754) 246 1636
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

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

742 NW 15TH WAY 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 09/16/2009 and assigned Florida document number L09000089605.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22 SEP 23 PM 3:06
CLERK OF CIRCUIT COURT
DADE COUNTY FLORIDA

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: Daniel Berg

New Registered Office Address: 708 NW 42nd St

Enter Florida street address


Oakland Park Florida 33309

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 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>
MGR	Daniel Berg	708 NW 42nd ST.	<input checked="" type="checkbox"/> Add
		Oakland Park, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ronald Berg	708 NW 42nd ST.	<input type="checkbox"/> Add
		Oakland Park, FL 33309	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 SEP 2003 PM 3:03
 DIVISION OF CONSTRUCTION
 STATE OF FLORIDA

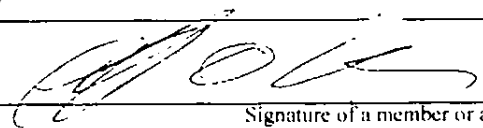
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

22 SEP 23 PM 3:06
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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 August 9 2022 _____


Signature of a member or authorized representative of a member

Ronald Berg

Typed or printed name of signee