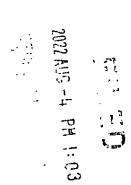


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , , ,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	-
-	







Source Source

COVER LETTER

TO: Registration S Division of Co			· ·
1920 Hille	rest LLC		
SU BJEC T:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tanya Tsveyer		
		Name of Person	
		Firm/Company	
	18201 Collins Ave, apt 34	01A	
		Address	
	Sunny Isles Beach, FL 333	(60)	
	tanyasflorida@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Tanya Tsveyer		954 818-0760 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

1920 Hillcrest LLC

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

	Liability Company w	ere filed on	06/17/201	O and assigned
Florida document number 1,10000068625	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabili	ty company he	<u>re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the do	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		t and/or registered office address on our records, enter the name of the new registered ice address here: Tanya Tsveyer 18201 Collins ave, apt 3401A, 1		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		18201 Collins av	e, apt 3401A, Sunny	Isles Beach FL 33160
(Mailing address MAY BE A POST OFFICE	EBOX)	18201 Collins ave, apt 3401A, Sunny Isles Beach FL 33160 18201 Collins ave, apt 3401A, Sunny Isles Beach FL 33160		
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our re	ecords, <u>enter the</u> na	ame of the new registered
Name of New Registered Agent:	Tanya Tsveyer			
New Registered Office Address:	18201 Collins ave			
		Enter Flori	da street address	
	Sunny Isles Beach	1	Florida j	33160
		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.

TOOOLA IS LOOK OF LETTER TO CHANGING 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>	Address	Type of Action
MGRM	TAMADA LLC		□Add
			□Remove
		18201 Collins Ave, apt 3401A, Sunny Isles FL 3316	0 ■Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

			<u>. </u>							
										_
								<u> </u>		_
										_
										_
								··· <u>-</u> ·		_
	.	<u> </u>								_
										-
									2027	_
		-		<u></u>					<u> </u>	_ =
		-					· · · · · · · · · · · · · · · · · · ·	•	<u>.</u>	_
									PH	<u>ا</u> ا (سد ا
									7:0	25
									G	_
									· •	_
						_				_
							 _	 .		_
activa dat	e, if other than	n the date of	Glina.				4 4 °			
effective da	ate is listed, the dat	te must be specif	ic and cam	not be prior	o date of filin	g or more than	optic 90 days after	filing.) Pur	rsuant to 60	5.020
ic.	late inserted in the frective date on t	the Departmen	t of State	ine applica 's records.	inte statutory	y ming requi	rements, this	s date will	not be hs	aca a
cument's ef	_									
		fective date, bu	it not an e	effective tir	ne, at 12:01	a.m. on the	earlier of: (b) The 90	th day aft	er the
ecord specif	lies a detayed et:									
ecord specif s filed.										
ecord specif s filed.		28	,20	22						
ecord specifis filed.	July 3	28 Jane	,2 <u>0</u>	15 Va	 ?.0	•				