## L/0000105684

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## **COVER LETTER**

TO: Registration Se Division of Cor			
33 NW 21	AVE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAGALY ARMENTER	OS	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	maggierealty@me.com E-mail address: (	to be used for future annual report not	tication)
For further information of	concerning this matter, please c	all:	
Matthew P. Flores		239 261 0592 at ()	
Name c	of Person	Area Code Daytim	e 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)
** "		G	:
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	
Division of C		Division of Co	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro Tallahassee, FL	e Street. Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

33 NW 21 AVE, 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 10/08/2010 and assigned Florida document number L10000105684 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 "LLC." 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) 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 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 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	MAGALY ARMENTEROS	14731 Edgewater Circle	□Add
		Naples, FL 33141	≣Remove
			□Change
MGR MAGALY A	MAGALY ARMENTEROS	14731 Edgewater Circle	<b>∃</b> Add
		Naples, FL 33141	□Remove
			Change
			Remove
			□ Change
		□Add	
			□Remove
			□Change
			□Remove
			Change
			☐Remove
			□ Change

). If amending any other inform	ation, enter change(s) here: (Auach	n additional sheets, if necessary.)	
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. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the limited on the limited of the limit	e date of filing:  ast be specific and cannot be prior to date of to block does not meet the applicable statut Department of State's records.	(optional) illing or more than 90 days after filing.) Protory filing requirements, this date wi	ursuant to 605.0207 (3)(1 Il not be listed as the
the record specifies a delayed effecti cord is filed.	ve date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 9	Oth day after the
Dated	2024		
	Signature of a member or authorized repro	esentative of a member	· ·
MAGALY ARMENT			
	Typed or printed name of	Signee	<del></del>

Filing Fee: \$25.00