

41000013863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

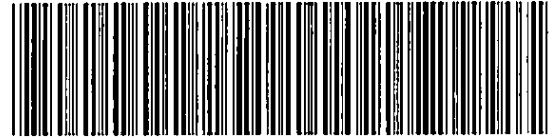
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500407796425

05/01/23--01035--019 **35.00

2023 MAY 11 AM 8:09
STATE OF MISSISSIPPI
RECEIVED

A. RIVERS

JUL 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5808 CHURCH, 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:

JOEL S. EZRA

Name of Person

Firm/Company

95 SEAMAN AVENUE

Address

ROCKVILLE CENTRE, NY 11570

City/State and Zip Code

jsezra@yahoo.com

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

For further information concerning this matter, please call:

JOEL S. EZRA

Name of Person

at (516) 984-3403

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**

5808 CHURCH, 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 02/02/2011 and assigned Florida document number L11000013863.

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)

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:

MONICA GOLDBERG

New Registered Office Address:

550 OKEECHOBEE BLVD LPH 23

Enter Florida street address

WEST PALM BEACH

Florida 33401

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> |
|--------------|-----------------|----------------------------|--|
| MGRM | JERRY GOLDBERG | 550 OKEECHOBEE BLVD | <input type="checkbox"/> Add |
| | | WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | MONICA GOLDBERG | 550 OKEECHOBEE BLVD | <input checked="" type="checkbox"/> Add |
| | | LPH 23 | <input type="checkbox"/> Remove |
| | | WEST PALM BEACH, FL 33401 | <input type="checkbox"/> Change |
| MGRM | JOEL S. EZRA | 95 SEAMAN AVE | <input checked="" type="checkbox"/> Add |
| | | ROCKVILLE CENTRE, NY 11570 | <input 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 |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

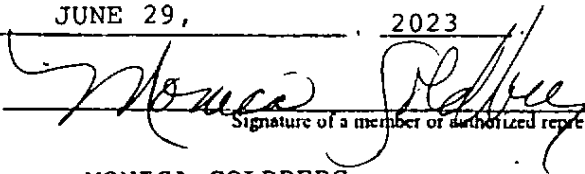
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 29 , 2023



Signature of a member or authorized representative of a member

MONICA GOLDBERG

Typed or printed name of signee

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2023

JOEL EZRA
95 SEAMAN AVE.
ROCKVILLE CENTRE, NY 11570

SUBJECT: 5808 CHURCH, LLC
Ref. Number: L11000013863

We have received your document for 5808 CHURCH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6353.

Alecia Rivers
Regulatory Specialist III

Letter Number: 323A00013767