

L11000014556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

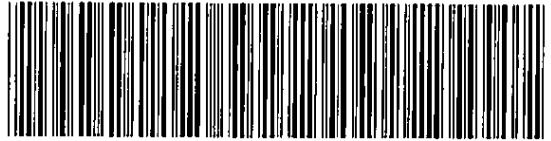
(Business Entity Name)

(Document Number)

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File

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLLEGE AVENUE PROPERTIES, 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

at (516)

984-3403

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**

COLLEGE AVENUE PROPERTIES, 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 Feb 01, 2011 and assigned
Florida document number L11000014556.

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 "L.L.C." 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.

Monica Goldberg
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

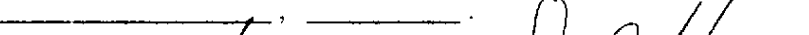
AMBR = Authorized Member

<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
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			<input type="checkbox"/> Change

[illegible]

(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)

January 6, 2024



Signature of a member or authorized representative of a member

Typed or printed name of signee