# 11000135451

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DATE: 12/5/2024 **NAME**: 1050-208C, LLC TYPE OF FILING: AMENDMENT COST: 25.00 RETURN: PLAIN COPY PLEASE ACCOUNT: FCA00000015 AUTHORIZATION: ABBIE/PAUL HODGE

#### ARTICLES OF AMENDMENT TO

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## ARTICLES OF ORGANIZATION 2024 DEC -5 AM 10: 57

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(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 I	Liability Company	were filed on 12/0	01/2011 and assigned
Florida document number L11000135451			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	12399 SW 53rd S	Street, Suite 101
(Principal office address MUST BE A STREET ADDRESS)		Cooper City, FL	33330
Enter new mailing address, if applicable:		1239 <b>9</b> SW <b>5</b> 3rd S	Street, Suite 101
(Mailing address MAY BE A POST OFFICE BOX)		Cooper City, FL	33330
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office	address on our re	cords, enter the name of the new regis
agent anaror the new registered britte addr	ess nere:		
Name of New Registered Agent:	CECILE PAVI	Α	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	12399 SW 53rd	i Street, Suite 101	
	· · · · · · · · · · · · · · · · · · ·	Enter Florid	da street address
	Cooper Cirty		, Florida <u>33330</u>
		City	Zip Code

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 Kegittered 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>	Address	Type of Action
MGRM	JACQUES GAUTIER	432 NW CANTERBURY COURT	
		PORT ST LUCIE, FL 34983	■Remove
			Change
MGRM	AIMEE GAUTIER	432 NW CANTERBURY COURT	
		PORT ST LUCIE, FL 34983	<b>=</b> Remove
MGR	AIMEE RICOU	12399 SW 53rd Street, Suite 101	≣Add
		Cooper City, FL 33330	□Remove
			Change
MGR	CECILE PAVIA	12399 SW 53rd Street, Suite 101	
		Cooper City, FL 33330	□Remove
			Change
-			[] Add
			□ Remove
			□ Change
			DAdd
			□Remove
			□Change

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cume	nt's effective date on the Department of State's records.
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
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٨	OVEMBER 29 2024
l is file	
٨	Signature of a member dr authorized representative of a number

Filing Fee: \$25.00