

L120000008783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

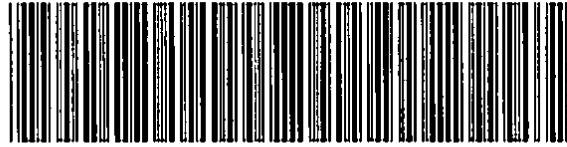
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TALCUM ASSOCIATES
FEB 14 2013

2013 APR - 2 P 11:07

FILED

APR 12 2013

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1171, 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:

DVORA WEINREB
Name of Person

Dvora Weinreb PA
Firm/Company

20283 State Rd 7, #400
Address

Boca Raton, FL 33498
City/State and Zip Code

dvora @ dwpalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dvora Weinreb at 954, 274-7730
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

1171, LLC

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

2019 APR -2 P 4:07

The Articles of Organization for this Limited Liability Company were filed on

1/19/19
STATE OF FLORIDA
CLERK OF THE COURT
TALLAHASSEE

Florida document number

L12000008783

This amendment is submitted to amend the following:

1. 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)

3. 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

Florida

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

Adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MR = Manager

MBR = Authorized Member

| <u>le</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------|---|------------------|--|
| MR | Moshe Shick | 9587 Weldon Cir | <input type="checkbox"/> Add |
| | | #301 | <input checked="" type="checkbox"/> Remove |
| | | Tamara, FL 33321 | <input type="checkbox"/> Change |
| 2 | Moshe Shick, Trustee of the Moshe Shick RLT died 3/28/19 | 9587 Weldon Cir | <input checked="" type="checkbox"/> Add |
| | | #301 | <input type="checkbox"/> Remove |
| | | Tamara FL 33321 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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[illegible]

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.

Dated 3/28, 19

Moshe Shick

Filing Fee: \$25.00