

# L120000084042

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

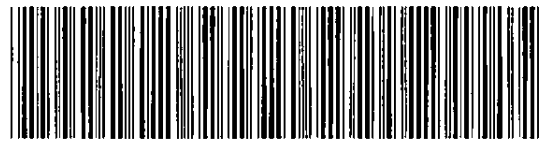
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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24 OCT 23 21:02:04  
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FALLS CHURCH, VA

## **LAW OFFICE OF GEORGE B. RIBAROVSKI, P.A.**

4400 N. Federal Highway Suite 6  
Lighthouse Point, Florida 33064

Telephone: (954) 586-4092

October 16, 2024

Via USPS Mail

Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

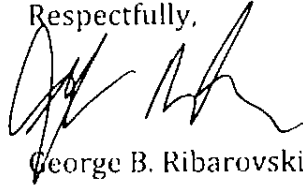
Dear Registration Section,

Please see enclosed 6 separate updates to existing LLC's along with a check for the 6 updates times \$25.00 each = \$150.00

Thank you and have a great day.

If you need to reach me for any reason please call my direct number 954-586-4092.

Respectfully,

A handwritten signature in black ink, appearing to be 'G. Ribarovski', written over a horizontal line.

George B. Ribarovski, Esq.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 300 SE 1ST TERRACE, DEERFIELD BEACH, FL 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:

GEORGE RIBAROVSKI, ESQ.

\_\_\_\_\_  
Name of Person

LAW OFFICES OF GEORGE RIBAROVSKI

\_\_\_\_\_  
Firm/Company

4400 N. FEDERAL HIGHWAY, SUITE 6

\_\_\_\_\_  
Address

LIGHTHOUSE POINT, FL 33064

\_\_\_\_\_  
City/State and Zip Code

GEORGE@GRLAWOFFICE.COM

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

For further information concerning this matter, please call:

GEORGE RIBAROVSKI

954  
at ( )

586-4092

\_\_\_\_\_  
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**

300 SE 1ST TERRACE, DEERFIELD BEACH, FL 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 06/26/2012 and assigned  
Florida document number L12000084042.

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:

New Registered Office Address:

*Enter Florida street address*

*City*

**Florida**

*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>
MGR	JOHN ANDERSON	2600 SW 30TH TERRACE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMY ANDERSON	2600 SW 30TH TERRACE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JACK ALLEN ANDERSON	2600 SW 30TH TERRACE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GRACE MARIE ANDERSON	2600 SW 30TH TERRACE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<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

[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)

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.

Signature of a member or authorized representative

BRETT ANDERSON

**Filing Fee: \$25.00**