11300000 40989

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500347277635

07/08/20--01020--014 **25.00





COVER LETTER

Registration Section

TO:

Divis	sion of Cor	porations			
	Legal Ethic	es Advisor PLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return a	all correspo	ondence concerning this matter	to the following:		
		Jan L. Jacobowitz			
			Name of Person		
		Jan L. Jacobowitz, PLC		7. 20	
			Firm/Company	70 J	- []
		6500 SW 100th Street			##**** ******
			Address		
	-	Miami, Florida 33156		T LORIDA	2: 3 <u>i</u>
	4.		City/State and Zip Code		Ę.
		jan@jacobowitzlaw.com			
			to be used for future annual report notif	lication)	
For further info	ormation c	oncerning this matter, please co	all:		
Jan Jacobowit	IZ.		305 972.6032 at ()		
	Name o	f Person		e Telephone Number	
Enclosed is a c	check for th	ne following amount:			
■ \$25.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is enclo	
Regi Divi: P.O.	Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		
(A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000046989</u> .	were filed on MARCH 29, 2013	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
AN L. JACOBOWITZ PLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	
Inter new principal offices address, if applicable:		2020 TÄLII
Principal office address MUST BE A STREET ADDRESS)		
Theepar office undress most be 7151 Reel Tibbress)		6 a 1
		PM 2:
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<i>₩</i>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	, Florid:	d
		aZip Code

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>	Address	Type of Action
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			2021 JUL Add Remove
			2021 JUL -8 PM 2: 34 Add
			□Remove
			☐ Change
			□ Add
			Remove
			□Change
			□∧dd
			□ Remove
			Change

				<u></u>
. .			TĂLI	 20 20
)	
			S. S. C.	<u> </u>
			9. 7.	<u> </u>
			=	- FK
			FLORIDA	 ω +
			<u> ></u>	
	•			
ctive date, if other than the	e date of filing:		(optional)
effective date is listed, the date must lift the date inserted in this b				
ment's effective date on the E	Department of State's record	S.		
and an original afficient	and the boundary of the		J	1.004 4 6 4
ord specifies a delayed effective filed.	e date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	ne 90th day after th
JULY 6	. 2020			

E. 635.04

Typed or printed name of signee