(Re	questor's Name)	
(Ad	dress)	<del></del>
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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RECEIVED

JUN 1 4 2021 ALBRITTON FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

	(OFFICE USE ONLY)
Corporation Name & Document Number	, (if known):
1. 922 LLC	1130000050209
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each pag	ge)
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal Merger
OtherCORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL ( )	Other
Country	

## **COVER LETTER**

TO: Registration of Division of	a Section Corporations
922 LI	
SUBJECT:	Name of Limited Liability Company
The enclosed Article	of Amendment and fee(s) are submitted for filing.
Please return all cor	spondence concerning this matter to the following:
	TYLER A. GOLD, ESQ.
	Name of Person
	TYLER A. GOLD, P.A.
	Firm/Company
	1250 S. PINE ISLAND RD., #200
	Address
	PLANTATION, FL 33324
	City/State and Zip Code TYLER@TYLERGOLD.COM
	E-mail address: (to be used for future annual report notification)
For further informat	on concerning this matter, please call:
TYLER GOLD	954 565-5577 at ( )
Ni	ne of Person Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
<b>≘</b> \$25.00 Filing F	S30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	n Section Registration Section f Corporations Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	TO FICLES OF ORGANIZAT OF	ion our records.)		
922 LLC				
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited I Florida document number L13000050209		04/2013 and assigned		
This amendment is submitted to amend the fol	iowing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/or agent and/or the new registered office address.)	registered office address on our re	cords, enter the name of the new registered		
Name of New Registered Agent:	TYLER A. GOLD, ESQ.			
New Registered Office Address:	1250 S. PINE ISLAND RD., #200			
1.0 1.50 Sister Office 1 Education.	Enter Flori	ter Florida street address		
	PLANTATION	, Florida <sup>33324</sup>		
	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

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
			□Add
			□Add
	•		□Remove
			☐ Change
			□Add
			□Remove
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(If an effective Note: If th	late, if other than e date is listed, the date e date inserted in the effective date on the	e must be specific a is block does not	nd cannot be pi meet the app	rior to date of fili	ng or more than 9 y filing require	(optional) 0 days after filing ements, this date	,) Pursuant to 605.02
If the record specific record is filed.	ecifies a delayed eff	ective date, but n	ot an effectiv	e time, at 12:0	l a.m. on the ea	arlier of: (b) Ti	ne 90th day after t
Dated MA	Y 4		2021	·			
	× Demid		1- 0	1			

Filing Fee: \$25.00