

7/23/25, 2:43 PM

Division of Corporations

L1400023693

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H25000258201 3)))



H250002582013ABCZ

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JSD & COMPANY PA
Account Number : I20190000114
Phone : (786)286-2705
Fax Number : (305)901-6024

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Miami.mar@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
16001 COLLINS AVE, LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

JUL 24 2025

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16001 COLLINS AVE, LLC

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

FILED
2025 JUL 23 PM 3:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/01/2014 and assigned
Florida document number L14000120693.

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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	MARIO E. DOBRONICH	2851 NE 183rd Street	☐ Add
		#710	☒ Remove
		Aventura, FL 33160	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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STATE OF FLORIDA
SECRETARY OF STATE

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

2025 JUL 23 PM 3:41
FILED
SECURITIES DIVISION
TALLAHASSEE, FLORIDA

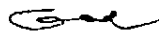
E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

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.

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.

Dated JULY 22, 2025

_____
Signature of a member or authorized representative of a member

MARIO E. DOBRONICH

Typed or printed name of signee

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