

L14000141422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

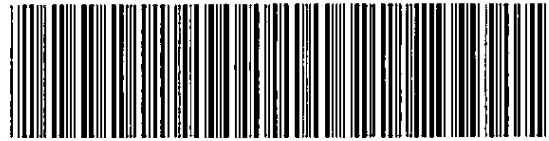
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000419226670

11/21/23--01009--021 **55.00

12/8/23 KH

2023 NOV 21 PM 3:33
STATE
CLERK

FILED

23



MARKOWITZ
RINGEL
TRUSTY
HARTOG
ATTORNEYS AT LAW

9130 South Dadeland Boulevard
Suite 1800
Miami, Florida 33156
t: (305) 670-5000
f: (305) 670-5011
w: www.mrthlaw.com

November 14, 2023

VIA FEDEX

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N Monroe Street, Suite 810
Tallahassee, FL 32303

Re: CKW MIAMI APT LLC
Our File No.: 230726

Dear Sir/Madam:

Enclosed please find an original and a copy of the Articles of Amendment to Articles of Organization of the above-referenced LLC changing the principal office address only.

Our check in the sum of \$55.00 payable to the Florida department of State is also enclosed. This sum represents the filing fee and the fee for the return of a certified copy to my attention at the above-referenced address.

Should you have any questions, please feel free to give me a call.

Very truly yours,

Thomas Ringel

TR:vxv
Enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CKW MIAMI APT 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:

THOMAS RINGEL

Name of Person

Markowitz, Ringel, Trusty & Hartog, P.A.

Firm/Company

9130 South Dadeland Blvd., Suite 1800

Address

Miami, FL 33156

City/State and Zip Code

melinacolowu@yahoo.com

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

For further information concerning this matter, please call:

THOMAS RINGEL

305 670-5000

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2023 NOV 21 PM 3:33
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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

CKW MIAMI APT 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 09/10/2014 and assigned
Florida document number 1.14000141422.

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:

20840 SAN SIMEON WAY, APT 609

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33179

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

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

MGR = Manager
AMBR = Authorized Member

2023/07/23 PM 5:34
☐ Add
☐ Remove
☐ Change
☐ DATE
☐ Add

7

2021.10.27
SEP 27 2021

PH 3:30
2023 NOV 21
STA
FL

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 11/9/2023, _____

MARISEL COLON

Filing Fee: \$25.00