

415000069172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

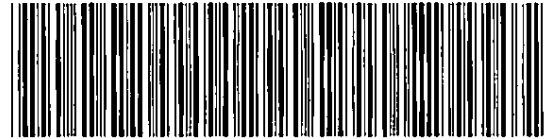
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500389285085

LLC amend

2022 JUN 13 AM 8:28

FILED

A. RAMSEY  
JUN 14 2022

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 JUN -9 PM 4:32

RECEIVED

\*02250, 01092, 00671

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$60.00

AUTHORIZATION SIGNATURE: *[Signature]*

2901 Northwest 19<sup>th</sup> Street, LLC L15000069172

BUSINESS ( Name) Document #

☐ Walk in ☐ Pick up time ☐

☐ Mail out ☐ Will wait

☐ Photocopy

☒ X Certified Copy ~~AMMENDMENT ONLY FROM 3/30/19~~

☒ X Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☐ **CORP**

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

☐ APOSTIL ( ) ☐  
Country

**AMMENDMENTS**

☒ X Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 10, 2022

FLORIDA CAPITAL COURIER SERVICES, INC

TALLAHASSEE, FL 32309 US

SUBJECT: 2901 NW 19 ST LLC  
Ref. Number: L15000069172

RECEIVED  
2022 JUN 13 AM 8:32  
TALLAHASSEE, FL 32309

We have received your document for 2901 NW 19 ST LLC and the authorization to debit your account in the amount of \$60.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey  
OPS

Letter Number: 622A00013043

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2901 Northwest 19. St 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:

Christina Y. Williams  
Name of Person

JMC Multi Services, LLC  
Firm/Company

2893 West Sunrise Boulevard  
Address

Fort Lauderdale, FL 33311  
City/State and Zip Code

jmcclsvs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christina Y. Williams 954 791-1701  
Name of Person at ( ) 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**

2022 JUN 13 AM 8:28

2901 Northwest 19<sup>th</sup> 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 04/20/2015 and assigned  
Florida document number L15000069172.

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)**

2901 Northwest 19<sup>th</sup> Street

Fort Lauderdale, FL 33311

**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

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>
AMBR	Charles E. Gordon	1224 Quiet Arbor Court	<input type="checkbox"/> Add
		Lithonia, GA 30058	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	James A. Gordon	1808 Northwest 25th Terrace	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Timothy B. Gordon	1808 Northwest 25th Terrace	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Diane G. Scott	1808 Northwest 25th Terrace	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33311	<input checked="" 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]

**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 May 19, 2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**