

L16000625650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

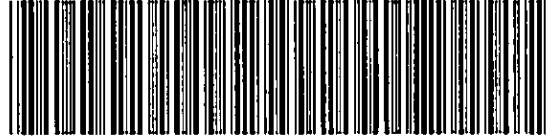
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BYRON AVENUE INVESTMENTS, 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:

REMY ABUEG
Name of Person

BYRON AVENUE INVESTMENTS, LLC
Firm/Company

210 SEVENTY-FIRST STREET, SUITE 309
Address

MIAMI BEACH, FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

Remy Abueg at (305) 864-8885
Name of Person 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**

BYRON AVENUE INVESTMENTS, 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 02/05/2016 and assigned Florida document number L16000025650.

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)

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

2021 FEB 23 PM 2:22
OFFICE

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	ERIC YEHEZKEL	210 SEVENTY-FIRST STREET, SUITE 309	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LED TRUST, LLC	210 - 71ST STREET, SUITE 309	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAIM YEHEZKEL	210 SEVENTY-FIRST STREET, SUITE 309	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NGI INVESTMENTS, INC.	210 - 71ST STREET, SUITE 309	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NIR GARVA	210 SEVENTY-FIRST STREET, SUITE 309	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID YEHEZKEL	210 SEVENTY-FIRST STREET, SUITE 309	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

