

L1600074385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

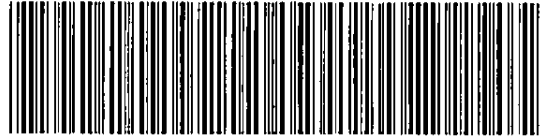
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
MAY 10 2024
TALLAHASSEE, FLORIDA

2024 MAY 22 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

R. HUNT

05/24/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ _55.00_____

AUTHORIZATION SIGNATURE: _____ *Signature* _____

10225 Investments LLC L16000074388

BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

X **Certified Copy**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ CORP

___ LLLP

AMMENDMENTS

X___ Amendment

___ Resignation of Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name Cancel

___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing

___ Limited Partnership

___ Dissolution/_ Reinstatement/Revocation

___ Trademark

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 10225 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:

RAANAN GAFRI

Name of Person

441 MANAGEMENT LLC

Firm/Company

20283 STATE ROAD 7-SUITE 104

Address

BOCA RATON, FL 33498

City/State and Zip Code

office@hmcrcnt.com

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

For further information concerning this matter, please call:

RANAN GAFRI

561 237 4240

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**

10225 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 04-14-2016 and assigned
Florida document number L16000074388.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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:

NA

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	PSI Homes LLC	20283 State Rd 7 STE 104	☐ Add
		Boca Raton FL 33498	☒ Remove
			☐ Change
MGR	441 Management LLC	20283 State Rd 7 STE 104	☒ Add
		Boca Raton FL 33498	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

7/10:35
ML

(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)

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 5/22/2024 . _____

Robert Raaron Gelfri
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00