L16000144162

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Registration Section

Division of Corpo	orations			
JBJECT: 9428, LLC	Name of Limited Liability Company			
e enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
ease return all correspond	dence concerning this matter	to the following:		
	Jacqueline E. Cannavan,	Esq. Name of Person		
	Jacqueline E. Cannavan. Pz	A Firm/Company		
	2699 Stirling Road, Suite C	Address		
	Ft. Lauderdale, FL 33312	City/State and Zip Code		
	Jecannavanpa@gmail.com E-mail address: (n to be used for future annual report noti	tication)	
r further information cor	cerning this matter, please ca	all:		
equeline Cannavan, Esq. Name of I		Area Code Daytim	ne Telephone Number	
closed is a check for the	_			
XX \$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 Sco Division of Co P.O. Box 6327 Tallahassee. FI	ction rporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9428, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A7: 1, 1)
Florida Limited Liability Company)

orida document number L16000144162		
his amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	he limited liability company here:	
/A		
ne new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicab	ole: (Principal office address MUS	T BE A STREET ADDRESS)
		
,A		
iter new mailing address, if applicable:	<u>N/A</u>	
'ailing address MAY BE A POST OFFICE BO		
If amending the registered agent and/or reg registered agent and/or the new registered	= ·	ords, <u>enter the name of the new</u>
Name of New Registered Agent: N/	'A	
New Registered Office Address:	Enter Florida st	reet address
-	City	, Florida Zip Code
r Registered Agent's Signature, if changing Reg	<u>îstered Agent:</u>	
reby accept the appointment as registered a visions of all statutes relative to the proper of ept the obligations of my position as register in giled to merely reflect a change in the reg pany has been notified in writing of this cha	and complete performance of my c red agent as provided for in Chap sistered office address, I hereby co	luties, and I am familiar with and ter 605, F.S. Or, if this document is

N/A

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ided or removed from our records:

|GR = Manager | MBR = Authorized Member

,

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
IGR The E	delstein Family Revocable Tr	rust, dated April 16, 2012 9549 Tivoli Isles Bl	vd, Delray Beach, FL 33446 XXXAdd
			Premove
			□Add
			□Remove
			□Add
			Remove
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			□Remove
			
			□Change

			□Cha
		m i ga a d'a d'a	
ending any other information,	enter change(s) here	: (Attach additional sheets	if novessary)
N/A			
		_	
			
	<u> </u>		
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(-)(0)	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day ote: If the date inserted in this block does not meet the applicable statutory filing requirement ment's effective date on the Department of State's records.	rs after filing.) Pursuant to 605.0207 nts, this date will not be listed as
If the record is filed.	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
Dated	10/28/2020 An En	
	Signature of a member or authorized representative of a member	
	ALAN P. EDELSTEIN	
	Typed or printed name of signee	
	10/28/2020	
	Signature of a member or authorized representative of a member	, , , , , , , , , , , , , , , , , , ,
	SUZANNE L. EDELSTEIN Susan Em	. · i
	Typed or printed name of signee	