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(R	equestor's Name)	
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PICK-UP	WAIT	MAIL
(B)	usiness Entity Nan	ne)
(8)	Johnson Emily Ham	,
	ocument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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LLC Amend

10/30/23--01010--009 **25.00



A. RAMSEY NOV -9 2023

COVER LETTER

то:	Registration Se Division of Cor			
41115 IT'		CAYNE LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
	- ,			4
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	nurn all correspo	ondence concerning this matter	to the following:	
		Samantha Cooper		
			Name of Person	
			Firm/Company	
		400 C C D		
		490 Sawgrass Corproae Pa		
			Address	
		Sunrise, Florida 33325		
		samijocooper@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For furth	ier information c	oncerning this matter, please ca	all:	
Samantl	na Cooper		732 239-1061	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 OCT 30 PM 12 32

19501 Biscayne LLC

(Name of the Limited Liability Company as it now appears on our records.)- 74
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 11/17/2016	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I an provided for in Chapter 605, F.S. O	i familiar with and r, if this document is

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>	Address	Type of Action
MGR	Samantha Cooper	490 Sawgrass Corporate Parkway, Suite 320	Add
		Sunrise, FL 33325	□Remove
			Change
			□Add
			🗀 Remove
			□Change
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			🗀 Remove
			□Change

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	Signature of a member or authorized representative of a member		
	Signature of a memory of authorized representative of a memor		
Signature of a member or authorized representative of a member Samantha Cooper			

Filing Fee: \$25.00