

L17000055564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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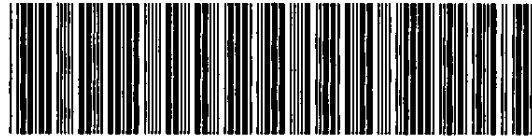
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2017  
J SHIVERS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2674 ENTERPRISES, 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:

Tiffany J. Eaton, Esq.

Name of Person

Cove Law, PA

Firm/Company

225 S. 21 Ave

Address

Hollywood, FL 33020

City/State and Zip Code

tiffanyjeaton@gmail.com

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

For further information concerning this matter, please call:

Tiffany J. Eaton, Esq.

Name of Person

at 954 921-1121

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 32344

*Priority w/  
delivery confirm*

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2674 ENTERPRISES, 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 03/09/2017 and assigned Florida document number L17000055564.

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:**

2674 EAST OAKLAND PARK BLVD

**(Principal office address MUST BE A STREET ADDRESS)**

FORT LAUDERDALE, FL 33306

**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:**

Erma A. Stramaglia

**New Registered Office Address:**

2674 EAST OAKLAND PARK BLVD

*Enter Florida street address*

Oakland Park

*City*

Florida

33306

*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>
M			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/>
			<input type="checkbox"/> Change
<u>Manager</u>	Nancy Stramaglia	2674 EAST OAKLAND PARK BLVD	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33306	<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

17 JUN 26 AM 7:4  
SECRETARY OF STATE  
WASHINGTON, D.C.

17 JUN 26 AM 7:49  
SECRETARY OF STATE  
WASHINGTON, D.C.  
FLORIDA

**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 June 11, 2017

\_\_\_\_\_, 2017  
*Eunalee Hognale'a*  
 Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Erma A. Stramaglia

Typed or printed name of signee