117600083995

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.

Office Use Only



300363053543

03/31/21--01008--009 **25.00

1000

COVER LETTER

ТО:	Registration So Division of Cor	rporations	 \$	4
SUBJE	ECT:	1825 € New	York Ave LLC	I name change
		Name of Lin	nited Liability Company	
The cik	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Marc Manieri Name of Person	
		1825 E	New York Ave LI Firm/Company	-C (to be changed)
		239 T	interlane Tra	ce
			ood FL 32750 City/State and Zip Code	
		E-mail address: (nanieri aguail.	Com lication)
For fur	ther information c	oncerning this matter, please o	all:	
	Warc Mane o	Manier) Person	at (407) 71 Area Code Daytim	9 - 5 11 7 e Telephone Number
Enclose	ed is a check for th	ne following amount:		
X \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.(0) Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
reviation "L.L.C."
<u> </u>
of the new registere
70

· W

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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

MGR = M $AMBR = A$	lanager Authorized Member		/
<u>Title</u>	<u>Name</u>	Address	Type of Actio
			□Add
			□Remove
			□Change
			□Rепюve
			□Change
		/	⊡Add
			□Remove
			□Change
			□Remove
			□ Change
		.	□Remove
			□ Change
	/		
			□Remove
			□ Change

- ,		ach additional sheets, if necessary.)	7
			_
			_
			_
			_
			
			_
			-
			_
			_
			_
<i></i>	/		_
			_
			_
			_
			-
			_
ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep	ck does not prect the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 60 atutory filing requirements, this date will not be lis	05.0207 sted as 1
record specifies a delayed effective is filed.	date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day aft	ter the
March 29th	2021		
ated	1	•	
S	igniture of a member or authorized re	enresentative of a member	

Typed or printed name of signee