L17000135850

(Daywood (Nama)
(Requestor's Name)
(Address)
(
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. HORNE NOV - 9 2021
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2021 NOV -1 AM 8: 15

COVER LETTER

TO:

Registration Section

Division o	of Corporations		
LIZ /	E EDWARD 18 INVESTMEN	TS LLC	
SUBJECT:	Name (of Limited Liability Company	
The enclosed Artic	ties of Amendment and fee(s) a	re submitted for filing.	
Please return all co	prrespondence concerning this n	natter to the following:	
	OSNAT HAY		
		Name of Person	
	LIZ & EDWARD 18	INVESTMENTS LLC	
		Firm/Company	
	195 S. MIDDLE NE	CK ROAD #2H	
		Address	
	GREAT NECK NY	11021	
	ASITRISH@BELLS0	City/State and Zip Code	
	_	ress: (to be used for future annual report notification)	
For further inform	ation concerning this matter, pl	ease call:	
OSNAT HAY		516 808 1836	
	Name of Person	at () Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
■ \$25.00 Fiting	Fee S30.00 Filing Fee Certificate of Sta	tus Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &
Division P.O. Bo	ation Section n of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 8	.10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV -1 AM 8: 15

LIZ & EDWARD 18 INVESTMENTS LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) IALL AHASSEE. FL in (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

[1.17000135850]

This amendment is submitted to amend the following:

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

he new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
3. If amending the registered agent and/or registered office a	address on our records, enter the name of the new regi
gent and/or the new registered office address here:	duress on our records, emer the name or the way reg
Name of New Registered Agent:	
New Registered Office Address:	

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	EDWARD HAY		□Add
		195 WS. MIDDLE NECK ROAD GREAT NECK N	
			[]Change
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ffective date, if other the an effective date is listed, the cote: If the date inserted in ocument's effective date or	this block does not the Department of	meet the application in the state is records.	able statutory filin	ig requirements, thi	is date will not be	listed a
record specifies a delayed () is filed.	ffective date, but no	ot an effective tii	me, at 12:01 a.m.	on the earlier of: (b	o) The 90th day a	iter the
ated		. 2021	 '			
	//	/				
	1/1/	/	orized representative			

Filing Fee: \$25.00