

L18000077289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1100 NW 15 Avenue 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:

Michael H. Merino, Esq.

Name of Person

Merino Legal

Firm/Company

6741 Orange Drive

Address

Davie, FL 33314

City/State and Zip Code

orenc@live.com

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

For further information concerning this matter, please call:

Michael H. Merino, Esq.

954 at ()

321-7701

Name of Person

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 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1100 NW 15 Avenue 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 March 26, 2018 and assigned
Florida document number L18000077289.

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: _____

(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 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: _____

New Registered Office Address: _____

Enter Florida street address

City

Florida

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>
AP	Samir Moussa	1100 NW 15th Avenue, Pompano Beach, FL 33069	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 is filed.

May 26, 2021



Signature of a member or authorized representative of a member

Michael H. Merino, Esq.

Typed or printed name of signee

Filing Fee: \$25.00

**AUTHORIZATION AND CONSENT
TO REMOVE NAME FROM STATE OF FLORIDA,
DIVISION OF CORPORATIONS**

I, SAMIR MOUSSA, am listed as an Authorized Person ("AP") of
1100 NW 15 AVENUE LLC, a Florida limited liability company.

I authorize and consent to my removal as AP.

I further authorize the filing of any amendment with the State of Florida,
Division of Corporations, to facilitate my removal.

This authorization and consent are freely and voluntarily given and
have been issued pursuant to the laws of the State of Florida.

BY: 
Samir Moussa

STATE OF FLORIDA }
COUNTY OF Broward } ss

THE FOREGOING was acknowledged and executed before me, in my presence,
by Samir Moussa, who is personally known to me or who has produced
Florida Driver License as identification.

SUBSCRIBED before me this 20th day of May, 2021.



REBECCA J. DELISLE
Commission # HH 024281
Expires August 10, 2024
Bonded Thru Budget Notary Services


Notary Public - State of Florida

My Commission Expires:
8/10/2024

Rebecca J. Delisle
(Print Notary's Name)

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