# 118000/169875

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(City/S	state/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Document)	ment Number)	1
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co			
4330 SW SUBJECT:	11 LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Holly Cohen		
		Name of Person	<del></del>
	Holly Cohen, P.A.		
		Firm/Company	<del></del>
	12700 Biscayne Blvd., S	Suite 401	
		Address	<del></del>
	North Miami, Florida 33	181	
	Hollycohenpa@bellsouth	City/State and Zip Code .net	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Holly Cohen		305 891 2810	
Name	of Person		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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4330 SW 11 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  $\frac{7/13/2018}{1}$ and assigned Florida document number L18000169875 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

#### 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>	Name	Address	Type of Action
MGR	Navid B. Ouzari	27 Englewood Ave. Unit 4 Brookline. MA 02445	□ Add
		·	■ Remove
			☐ Change
MGR Navid Bouzari	27 Englewood Ave. Unit 4 Brookline, MA 02445	Add	
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record spec The 90th day	- All	201	y len	oresentative of a m	ember		

Page 3 of 3

Filing Fee: \$25.00