## L18000179000

(F	Requestor's Name)
	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(É	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor			
NE 41 ST.	LLC		
SUBJECT:	Name of Limi	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Aisha Khan		
		Name of Person	
	Clear Title & Escrow Grou	p	
		Firm/Company	
	2200 N. Commerce Parkw	ay # 200, Weston, FL 33326	
		Address	<del></del>
	Weston, FL 33326		
		City/State and Zip Code	
	Aisha@Lawflorida.com	<del></del>	ri and and
		to be used for future annual report noti	rication)
For further information	concerning this matter, please ca	all:	
Aisha		954 839-9592	
Name	of Person	Area Code Daytim	ne 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 Addre Registration		Street Address: Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NE 41 ST. 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 July 25, 2018 and assigned Florida document number \_L18000179000 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 \_\_, Florida \_\_\_ Cire

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 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>	Address	Type of Action
AMBR	Suresh K. Chiatar	6 MIAMI GARDENS RD WEST PARK, FL 33023	□∧dd
			□Remove
			Change
Manager	Jamalli A. Wilson	16850 Collins Ave, # 112-427, Sunny Isles Beach, F	FL. ≣Add
			□Remove
			□Change
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<u>ite:</u> If the dat	e inserted in this b	dock does not r	nect the applic	able statutory i	iling requireme	nts, this date v	vill not b	e listed
cument's effe	etive date on the I	Department of S	State's records					
	s a delayed effecti	ve date, but not	t an effective t	ime, at 12:01 a.	m. on the earlie	rof: (b) The	90th da	y after th
is filed.								
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ted		Signature of a	member or auth	iorized represent	ative of a member			
ted				,	CHDA		<u>.</u>	<u>.</u>

Filing Fee: \$25.00