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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 3900 N HIIS 412 LC  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:
Dropa Weinreb  Name of Person  Drova M. Weinreb PA  Firm/Company  20283 State Rat 7, # 400  Address  Boxa Raton, Ft 33498  Grossate and Zip Code  dvova (9) dwpalaew. com:
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Dora Weinreb at 954, 274-7730  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certificate of Status Certific
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

3900 N. Hills 412 L	LC
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on	9/14/18 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	re:
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	- 12mg
	<u> </u>
	ب ا
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ر. بي
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter the name of the nev
New Registered Office Address:	
Enter Florid	la street address
	, Florida
Cite	Zin Coda

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 <u>Address</u> Type of Action MGR Judy Moskowitz - 4740 N. 35 th Ct Scholfz Hollywood Fr 33021 ☐ Change □ Add □ Remove ☐ Change ☐ Change ... ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_D Change

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record specifies he 90th day af	s a delayed of ter the recor	effective d d is filed.	ate, but r	ot an eff	ective tim	e, at 12:0	1 a.m. on	the earlie	er (
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Filing Fee: \$25.00