## L18000276623

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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations			
248 Piedmo	ont LLC			
SUBJECT:	Name of Lim	ited Liability Company		a <b>2</b>
				2023 NOV 27
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		N N N N N N N N N N N N N N N N N N N
Please return all correspo	ondence concerning this matter	to the following:		mo#
				<b>P# 12: 00</b> 3 67 8 74 6 7 10 67 8 74 7 10 67 8 74
	Seth I. Cohen, Esq.	_		
		Name of Person		· . •
	Seth I. Cohen, P.A.			
		Firm/Company	·	-
	5550 Glades Road, Suite 2	50		
		Address		_
	Boca Raton, Florida 3343	Γ		
		City/State and Zip Code		-
	scohen@shafcolaw.com	to be used for future annual report not		
For further information of	concerning this matter, please c	·	incationy	
Seth I. Cohen, Esq.		561 826-1600		
	of Person	at ( )	ne Telephone Numbe	
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Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
Mailing Addres	Section	Street Address: Registration So		
Division of C P.O. Box 632		Division of Co The Centre of		
Tallahassee,			oe Street, Suite 8	310

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALL AHASSEE, FLORION DIVISION OF CORRORATION TALL AHASSEE, FLORION	2023 NOV 27 PM 121 00	
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248 Piedmont 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 November 30, 2018 and assigned		
Florida document number L18000276623			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	11152 Rios Road		
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33498		
Enter new mailing address, if applicable:	145 Lipsett Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	State Island, New York 10312		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
• • • • • • • • • • • • • • • • • • •			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

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>	Type of Action
MBR	Mark Gleyzerman	11064 Rios Road	
		Boca Raton, FL 33498	Remove
			Change
MBR	Volf Leger	644 Monaco N	□ Add
		Delray Beach, FL 33446	■ Remove
			□ Change
			Add    Add
			Remove  Remove  Application  Ap
			Add Add
			Remove
			Change
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			□Remove
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				<del></del>
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be price. Note: If the date inserted in this block does not meet the apple document's effective date on the Department of State's record	icable statutory filing re		tiling.) Pursuant	
he record specifies a delayed effective date, but not an effective ord is filed.	time, at 12:01 a.m. on	the earlier of: (b)	) The 90th da	ay after the
Dated November 22 2023	<del></del>			
4				
Signature of a member or aut	thorized representative of	a member		
HANA ALEK Typed or prii	nted name of signee	4		

. . . •

Filing Fee: \$25.00