

L19000110618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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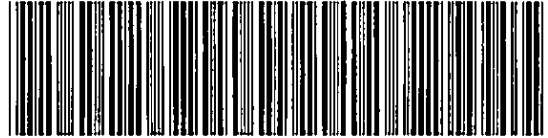
(Business Entity Name)

(Document Number)

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NOV 02 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3925 Design District 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:

Jennifer Grobelny

Name of Person

Biondo & Biondo P.A.

Firm/Company

135 San Lorenzo Avenue, Suite 710

Address

Coral Gables, FL 33146

City/State and Zip Code

jgrobelny@mwbn.com

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

For further information concerning this matter, please call:

Jennifer Grobelny

305

444-0101

at (_____) _____

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

SECRET
TALLAHASSEE, FL
OCT 25 2021

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

3925 DESIGN DISTRICT 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 04/30/2019 and assigned
Florida document number L19000110618.

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:

661 MELALEUCA LANE

Enter Florida street address

MIAMI

City

Florida 33137

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> |
|--------------|-----------------------|---------------------------|--|
| MGR | ALEXANDER KARAKHANIAN | 661 MELALEUCA LANE | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33137 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GUILLERMO RAMMOS | 120 NE 27 STREET | <input checked="" type="checkbox"/> Add |
| | | SUITE 400 | <input type="checkbox"/> Remove |
| | | MIAMI, FL 33137 | <input type="checkbox"/> Change |
| MBR | ALEXANDER KARAKHANIAN | 5781 BISCAYNE BLVD. #CS-2 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33137 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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END

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October 19

Signature of a member or authorized representative of a member

Alexander Karakhanian

Typed or printed name of signee

Filing Fee: \$25.00