# 119000111847

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(Č	ity/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Name	)
(C	Ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	
		ļ

Office Use Only



700331597357

07/22/19--01023--023 ++20.00



JUL 2 9 2019

#### William Watson Trick, Jr. P.A.

Attorney & Counselor at Law

1216 East Atlantic Blvd. Suite 7 Pompano Beach, Florida 33060 Telephone: (954) 942-9774

Facsimile: (954) 942-9223 E-mail: billtrick@northbrowardlaw.com

July 18, 2019

Via First class US Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Articles of Amendment to Articles of Organization

L19000111847 3327 OLD DIXIE HIGHWAY LLC

Dear Madam/Sir:

Enclosed herewith please find original of Articles of Amendment to Articles of Organization of 3327 OLD DIXIE HIGHWAY LLC, together with this firm's trust account check no. 4035 in the sum of \$25.00 for the filing fee.

Please file the enclosed Articles of Amendment.

If you have any questions or require anything additional, please do not hesitate to contact our office. Thank you.

Very truly yours,

/s/ William Watson Trick, Jr.

William Watson Trick, Jr. WWT/tbs

### **COVER LETTER**

TO:	Registration Sectorial Division of Corp			
CIID IF		IXIE HIGHWAY LLC		
SUBJE	.CT:	Name of Limit	ted Liability Company	
The end	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please:	return all correspon	dence concerning this matter t	o the following:	
		William Watson Trick, Jr.,	Esq.	
			Name of Person	
		William Watson Trick, Jr.,	P.A	
			Firm/Company	
		1216 E. Atlantic Blvd., Sui	te 7	
			Address	
		PompanoBeach, FL 33060		
			City/State and Zip Code	<del></del>
		Kanytood 0	Mallow M be used for future annual report notif	(cation)
For fur	ther information co	ncerning this matter, please ca		
Willian	m Watson Trick, Jr.	, Esq.	954 942-9774	
	Name of	Person	954 942-9774 at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>1</b> \$2:	5.00 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:

Property of the second

TO:

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	XIE HIGHWAY LLC			
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Companyi		<del></del>	
The Articles of Organization for this Limited Liability ComFlorida document number $\frac{L19000111847}{L19000111847}$ .	npany were filed on 04/24/2019	and	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviatio	n "L.L.	
Enter new principal offices address, if applicable:		. <u>.</u>		
<u>Principal office address MUST BE A STREET ADDRES</u>	<u> </u>			
		돌았	ي _	
		7	][[	-74
Inter new mailing address, if applicable:		73	[V)	
Mailing address MAY BE A POST OFFICE BOX)	***			· .
			-~-	
		:	[]	
3. If amending the registered agent and/or registered	ed office address on our records, en	ter the na	me of	the r
egistered agent and/or the new registered office address	<u>s here</u> :			
N. C.V. D. C. LA				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Zip C	ode	

#### 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>	Type of Action
AMBR	REZAUL HOQUE	1350 NW 13 Street, Apt. 2	<b>=</b> Add
		Boca Raton, FL 33486	Remove
		<del></del>	Change
AMBR	MIA NAZIMUDDIN	6461 NW 2nd Avenue, Apt. 307	
		Boca Raton, FL 33487	Remove
		<del> </del>	Change
		<del> </del>	Add
		<del>.</del>	□ Remove
			Change
			Add
		<del></del>	Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	-
	-
	-
	-
	-
	-
	-
	-
	_
	-
	_
	_
	_
	_
	_
	_
Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli  ) The 90th day after the record is filed.	ier of:
Dated July 1001	
Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00