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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

Phone : (800)221-2972

Fax Number : (718)889-7420

**Enter the email address for this business entity annual report mailings. Enter only one email . Email Address:	to be used for forture	1
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OF DEBBIES CONDO LLC

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T. LEMIEUX

December 27, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DEBBIES CONDO LLC 3555 MANCHESTER RD WANTAGH, NY 11793US

SUBJECT: DEBBIES CONDO LLC

REF: L19000303050

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

The fax audit sheet submitted is for a LP/LLLP, this company is an LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II FAX Aud. #: H19000369549 Letter Number: 019A00026231

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBBIES CONDO LLC			
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our lity Company)	records <u>.</u>)	
The Articles of Organization for this Limited Liability Company we	re filed on12/17/20	019	and assigned
Florida document number L19000303050		2019 (ALL)	
This amendment is submitted to amend the following:		200 居	
A. If amending name, enter the new name of the limited liability		27 3886 3886	
The new name must be distinguishable and contain the words "Limited Liability (Company," the designation	n "LLC" or the abbro	eviation "LJ.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u>الله الله الله الله الله الله الله الله</u>	
(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 here:	lress on our records,	enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	ı address	
		, Florida	7: C-4-
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			us to comply with the
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erjormance of my wa wided for in Chapte	r 605, F.S. Or, i	f this document is

If Changing Registered Agent, Signature of New Registered Agent

+17188897420

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	FRANKIE VOZZI	3555 MANCHESTER RD	
		WANTAGH, NY 11793	□Remove
			≘ Change
			L'IAdd
			CRemove
			☐ Change
			□Add
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Effecti	ve date, if other than	the date of fili	ng:		(optional)	Numumu ta 605 030
(If an elf) Note:	scrive date is listed, the date If the date inserted in th	e must be specific a is block does not	nd cannot be prior to meet the applica	o ante of ming of more ble statutory filing i	equirements, this date	will not be listed a
docum	ent's effective date on t	he Department of	State's records.			
he recon	d specifies a delayed off	ective date, but no	or an effective tin	ac, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after th
ord is fil	ed.					
	December, 23		2019			
Dated.			.,			
	/ //					
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