

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L2000026218**

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000203451 3)))



H220002034513ABCT

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GONZALEZ & ASSOCIATES III PA
Account Number : I20190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: agonzalez@amefinancialservices.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

NJND2020, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

JUN 14 2022

M. SOLOMON

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Corporate Filing Menu

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2022 JUN 13 PM 3:44

2022 JUN 13 AM 10:10

FILED

Jun. 13. 2022 3:17PM

AME Financial Group

No. 0198 P. 2

COVER LETTER

H/220002034513

TO: Registration Section
Division of Corporations

SUBJECT: NJND2020 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:

ANTONIO GONZALEZ

Name of Person

GONZALEZ & ASSOCIATES III PA

Firm/Company

1820 N CORPORATE LAKE BLVD SUITE 107

Address

WESTON, FL 33326

City/State and Zip Code

agonzalez@amefinancialgroup.com

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

2022 JUN 13 AM 10:10

FILED

For further information concerning this matter, please call:

ANTONIO GONZALEZ

954

773-7286

Name of Person

at ()

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

H/220002034513

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H 2.2 000 203451 3

NJND2020 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 FLORIDA and assigned
Florida document number L20000026218

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

_____, Florida
City

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

H 22000 2034513

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H220002034513

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORDAN H. STRUM	4th West Las Olas Blvd Apt 1104	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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N/A

Filing Fee: \$25.00