## L20 0000 48322

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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	395 1 Property, LLC Name of Limited Liability Company		
	f Amendment and fee(s) are submitted for filing.  condence concerning this matter to the following:		
	Avi Dishi Name of Person		
	Elysee Investments Firm/Company		
	571 W. 183 Street		
	New York, NY 10033  City/State and Zip Code  Avi 6 elyseeinvestments.com  E-mail address: (to be ased for future annual report notification)		
For further information c	E-mail address: (to be used for future annual report notification)  concerning this matter, please call:		.:
Name o	Dishi at (212) 568 - 2017  Area Code Daytime Telephone Number	20	
Enclosed is a check for th		- تيد ده	
S25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)		1. P

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A	
ARTICLES OF OF	RGANIZATION
OF	. " الأمر
395 1 Programme (A Florida Limited Liability Company) (A Florida Limited Lia	as it now/appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 02/11/2020 and assigned
Florida document number <u>L 2 000 00 4 8 3 2 2</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
N /A	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.I.C." or the abbreviation "L.I.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
	. /4
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 adeagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: N	A
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent;	City Zip Code
I hereby accept the appointment as registered agent and agree	to get in this gamenity. I fourthern the second of the
rnereny accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as pro	erformance of my duties, and I am familiar with and

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>	Address	Type of Action
44446-EC	DAM ADDRESS	P.O. BOX BOZBZZ M, AM. FL 3328	ZAdd
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Note: If t	date, if other that we date is listed, the da he date inserted in the 's effective date on	this block does r	not meet the ap	plicable statutor	ng or more than 90 oy filing requirem	(optional) days after filing.) Pu ents, this date wil	rsuant to 605,0207 ( I not be listed as t
e record s rd is filed.	occifies a delayed el	ffective date, but	t not an effectiv	re time, at 12:01	a.m. on the earli	ier of: (b) The 9	Oth day after the
5 Dated	126/20		<u></u>	· ·			
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