120 0000 86381

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
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A. RIVERS
JAN 1 0 2022



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TO:

Registration Section

Division of Cor	porations		
420 S DIXI	EHWY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The evoluted Assistance of	Amondment and Codes are sub-	mined for Glinn	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	JUSTIN ZEIG		
		Name of Person	
	ZEIG LAW FIRM LLC		
		Firm/Company	
	3475 Sheridan Street, #310		
		Address	
	Hollywood, FL 33021		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
JUSTIN ZEIG		754-217-30)8 <u>:</u> 4
Name o	f Person	at () Area Code Davtir	ne Telephone Number
		·	·
Enclosed is a check for the	he 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 Addres		Street Address:	oction.
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	2.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

420 S DIXII; HWY LLC	1
(Name of the Limited Liability Company as it now (A Florida Limited Liability Company)	mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 3/20/2020 and assigned
Florida document number 1.20000086381	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
than an ann an	
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 of	n our records, enter the name of the new regis
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	inter Florida street address 🧳 🛌
	57 EX
City	Florida
New Registered Agent's Signature, if changing Registered Agent:	222
I hereby accept the appointment as registered agent and agree to act provisions of all statutes relative to the proper and complete performaccept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ance of my duties, and I <mark>am</mark> familiar with and for in Chapter 605, F.S. Oz. if ab is document

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
AMBR	ELI HAREL	48 S SERVICE RD, MELVILLE, NY 11747	
			=Remove
			□Change
AMBR	AVRAHAM AZOULAY	1030 DARTMOUTH LANE WOODMERE, NY 11	1.59k □ Add
			≡ Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			Пстюче
			□Change
			□Add
			□Remove
			□Change
-			
			□Remove
			□Change

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If an ef Note:	ive date, if other than the date of filing:
docun	nent's effective date on the Department of State's records.
e reco rd is f	rd 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 led.
	3/10/2021
Dated	
	1771 1311
	Signature of a member or authorized representative of a member

Typed or printed name of signee