

20 700 103 814

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
<u></u>	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



200439188512

11/08/24--01027--005 ++25.00

2024 DEC -8 PM 5: 33

LAW OFFICES

JACOBOWITZ & OSTROFF, P.A.

SUITE 902 20200 WEST DIXIE HIGHWAY AVENTURA, FLORIDA 33180

> (305) 895-3404 FAX (305) 895-4602

MELVIN J. JACOBOWITZ MJACOB & JANDOLAW.COM IRETIRED) JANET J. OSTROFF
JJOSTROFF @ JANDOLAW.COM

November 6, 2024

Sent Via FedEx

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

Re: Vineland 2412, LLC Vineland 1940, LLC

To Whom it May Concern:

Please file the following enclosed items upon receipt:

- 1. Articles of Amendment to Articles of Organization of Vineland 2412. LLC and check #17268 for \$25.00; and
- 2. Articles of Amendment to Articles of Organization of Vineland 1940, LLC and check #17269 for \$25.00.

Please contact me if there are any questions about these filings.

Sincerely,

JACOBOWITZ & OSTROFF, P.A.

Johnson/020

COVER LETTER

	D 2412, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Arthemon Johnson		
		Name of Person	
		Firm/Company	
	2412 NW 108 Street		
		Address	-
	Miami, Fl. 33167		
	wilma.strong91@gmail.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Janet J. Ostroff		305 895-3404	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VINELAND 2412, LLC		
(Name of the Limited Liability Compar (A Florida Limited I.	ny as it now appears on our record liability Company)	<u>(v.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000103864</u>	were filed on 04/15/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
1191 HYAJ, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 Sec
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		-8 PH 5: 33
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addres	83
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agra- provisions of all statutes relative to the proper and complete		

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>	Address	Type of Action
MGR HYACINTH JOHNSON	2412 NW 108 STREET		
		MIAMI, FL 33167	■Remove
			□Change
<u></u>		-	C]Add
			□Remove
			□Change
			□ Add
			□Remove
			DChange
		-	□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
		 .	□Add
			□Remove
			□Change

	
	· · · · · · · · · · · · · · · · · · ·
n effective ()te: If the	e, if other than the date of filing:
ecord spec is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted <u>Septe</u>	Signature of a member or authorized representative of a member
	Hung
	Signature of a member or authorized representative of a member
W	ilma O. Strong, Manager
	Typed or printed name of signee

Filing Fee: \$25.00