420 000 130 132

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| (p.195/21 |

Office Use Only



400366903254

ŬS/24/21--01037--018 ++25.00

21 HAY 24 PM 2: 57

COVER LETTER

| TO: | Registration Se Division of Co | | , | . , |
|---------------|-----------------------------------|---|---|---|
| | LISA D N | YC LLC | | |
| SUBJI | ECT: | | | |
| | | Name of Lin | nited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Lisa DiCicco Cahue | | |
| | | · | Name of Person | |
| | | n/a | | |
| | | | Firm/Company | |
| | | 18975 Collins Avenue Uni | it 5005 | |
| | | | Address | |
| | | Sunny Isles Beach, FL 33 | 160 | |
| | | lisadcahue@gmail.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report no | tification) |
| For fur | ther information c | oncerning this matter, please c | all: | |
| Lisa D | . Cahue | - | 917 981-0648 | |
| | | | at (| |
| | Name o | f Person | Area Code Daytii | ne Telephone Number |
| Enclose | ed is a check for th | ne following amount: | | |
| ≡ \$2. | 5.00 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 | <u>s:</u> | Street Address: | |
| | Registration S | Section | Registration Se | |
| | Division of C | | Division of Co | |
| | P.O. Box 632 | | The Centre of | Tallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 MAY 24 PH 2: 57

LISA D NYC LLC

| (Name of the Lim | ted Liability Compa (A Florida Limited | any as it now appears o Liability Company) | on our records.) |
|--|---|---|--|
| The Articles of Organization for this Limited L Florida document number 1.20000130132 | | were filed on $\frac{5/13/2}{2}$ | 2020 and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here | ; |
| The new name must be distinguishable and contain the v | vords "Limited Liabil | lity Company," the desig | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 18975 Collins Ave | nue |
| Principal office address MUST BE A STREE | | Unit 5005 | |
| | <u> </u> | Sunny Isles Beach | , FL 33160 |
| Enter new mailing address, if applicable: | | 18975 Collins Ave | nue |
| Mailing address MAY BE A POST OFFICE | ROX) | Unit 5005 | |
| Training dataress MATT DE ATTOST OFFICE BOXY | | Sunny Isles Beach, FL 33160 | |
| B. If amending the registered agent and/or ragent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: | ss here: | Avenue Unit 5005 | ords, enter the name of the new regist |
| | Sunny Isles Bea | | 33160 |
| | | City: | , Florida 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 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 | $\lambda = \frac{1}{1 + \frac{1}{2}} \frac{A}{A} + \frac{A}{A}$ |
| | ou 0. E7 |

| <u>Title</u> | <u>Name</u> | Address 21 HAY 24 PH | 2: Type of Action |
|--------------|---------------------|--|-------------------|
| MGR | Adrian Garcia Cahue | 18975 Collins Avenue Unit 5005 Sunny Isles Beach, FL 33160 | |
| | | | = Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Ad d |
| | | <u> </u> | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | Change |
| | | <u></u> | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | 🗆 Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| | | 21 HAY 24 PH 2 | : 57 |
|---|--|---|--|
| | | - | |
| | | | |
| Please update filling | with EIN: 85-1107521 | | |
| | | | |
| | | | <u> </u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <u> </u> | | | |
| | | | |
| | | | |
| | | | |
| | <u> </u> | | |
| | | | |
| | - | <u> </u> | |
| | <u> </u> | | |
| e: If the date inserted in this b | e date of filing: ust be specific and cannot be prior to da block does not meet the applicable Department of State's records. | (optional) ate of filing or more than 90 days after filing.) statutory filing requirements, this date w | Pursuant to 605.02 vill not be listed |
| ord specifies a delayed effecti filed. | ve date, but not an effective time, a | at 12:01 a.m. on the earlier of: (b) The | 90th day after th |
| May 18th | 2021 | | |
| ed | | | |
| lion | Signature of a member or authorized | ul | |
| | | | |

Filing Fee: \$25.00