

L20 000141741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

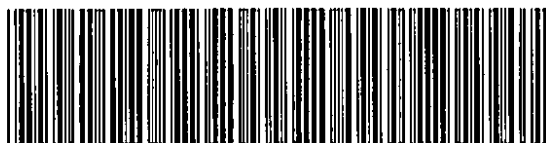
(Business Entity Name)

(Document Number)

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8/24/21

MAPLEWOOD 16 LLC

EHUD ZECHARIA

786-797-3945

urysinvestment@gmail.com

P.O BOX 9819

PANAMA CITY BEACH, FL

32417

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MAPLEWOOD 16 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:

EHUD ZECHARIA

Name of Person

MAPLEWOOD 16 LLC

Firm/Company

227 COQUINA SHELL WAY

Address

PANAMA CITY BEACH, FL 32407

City/State and Zip Code

urysinvestment@gmail.com

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

For further information concerning this matter, please call:

EHUD ZECHARIA

786 797-3945
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

MAPLEWOOD 16 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 05/26/2020 and assigned
Florida document number L20000141741.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 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

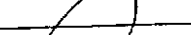
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	URY'S INVESTMENTS LLC	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EHUD ZECHARIA	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN Y COHEN	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ODED BAR MAOZ	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IRIS DRANG	P.O BOX 9819	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
If this filing does not meet the applicable statutory filing requirements, this date will not be listed as the

If the record 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 record is filed.

August 10, 2021



Signature of a member or authorized representative of a member

EHUD ZECHARIA

Typed or printed name of signee

Filing Fee: \$25.00