LZ0000209865

(Requestor's Name)	
(Address)	70035
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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COVER LETTER

TO: Registration Se Division of Cor			-
	OR MANAGEMENT LLC		·
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BARBARA LAMBERT		
		Name of Person	
	JUSTIN-CRAIG LTD INC		
		Firm/Company	
	274 E EAU GALLIE BLV	D., SUITE 211	
		Address	
	INDIAN HARBOUR BEA	ACH, FL 32937	
		City/State and Zip Code	
	BARBARA@JUSTINCRA	AGACCOUNTING.COM to be used for future annual report not	(Carel on)
For further information co	oncerning this matter, please e	·	incation)
BARBARA LAMBERT		954 989-7693	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co	rporations
P.O. Box 632 Tallahassee, I		The Centre of 7	Fallahassee oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

753 LIQUOR MANAGEMENT LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appears on our rec</u> Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company	were filed on 07/15/2020		and assigned
Florida document number L20000209865			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
1401 N DIXIE MANAGEMENT LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I	LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		• • • •	707
			68 =
Enter new mailing address, if applicable:			<u></u> Δ
			T (11
Mailing address MAY BE A POST OFFICE BOX)		0.4	<u> </u>
		0.75 Pari	٩ ١
3. If amending the registered agent and/or registered office a	iddress on our records, en		
gent and/or the new registered office address here:	edit (33 on va. records) <u>en</u>		
Name of New Registered Agent:			
Name Dagistared (1977 in Address)			
New Registered Office Address:	Enter Florida street add	dress	
		Florida	
			Zıp 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
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Effective date, if of an effective date is I Note: If the date in document's effective	iserted in this blo	ck does not n	neet the applic	able statutory i	or more than 90 of filing requirement	_ (optional days after filing ents, this d a t) g.) Pursuant to 60 g will not be lis	05.0207 (sted as t
e record specifies a rd is filed.	delayed effective	date, but not	an effective ti	ime, at 12:01 a	.m. on the earli	er of: (b) T	he 90th day aft	er the
January 29 Dated			2021					
Dated	2			 ·				
Ì	V							
	<u> </u>	_)	nember or auth	orized representa	ative of a membe	г		

Filing Fee: \$25.00