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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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04/02/21--81024--001 **25.00



COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: 719	SW 8 Ave I	J.C		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	<u>JUStin</u>	ZCIO Name of Person		
	Zèig LC	DW FIRM, PLLC Firm/Company		
	_3475 Sh	eridan Street,	#310	
	Hollywa	City/State and Zip Code		
	JUSTIN 6	to be used for future annual report noti	COY) fication)	
For further information cor	ncerning this matter, please ca	all:		
JUSTIN Name of I	2619 Person	at (<u>754</u>) <u>217</u> -	3084 e Telephone Number	
				C)
Enclosed is a check for the	following amount:		2021	Γ_i
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Feg Certificate of Status & Certified Copy \(\) (additional copy is enclosed)	
Mailing Address:		Street Address:	યુ	
Registration So		Registration Se	ction	
Division of Co	rporations	Division of Cor	porations	
P.O. Box 6327		The Centre of T		
Tallahassee, FI	. 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

TI9 SW 8 AVE 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 $\frac{7282000}{1200000000000000000000000000000000$	gned
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 agent and/or the new registered office address here:	registered
Name of New Registered Agent:	
New Registered Office Address:	7
Enter Florida street address ————————————, Florida ————————————————————————————————————	<u>-</u> <u> </u>
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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.	and ient is

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>	Address	Type of Action
AMBR	Eliyahu Harel	48 S service Road	□Add
		Melville, NY 11747	
			□Change
AMBR <u>Meital Shaz</u>	Meital Shazo	48 s service Road	XAdd
		Melville, NY 11747	□Remove
			□Change
			□Add
			□Remove
			□Change
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record specifies a c l is filed.	delayed effective date,	but not an ent	ective time, at i	2.01 a.m. on the		ထ္	r (ray_arter tile
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	Signat	ure of a member	or authorized rep	resentative of a n	nember		