## 120000264690

| (Re                     | equestor's Name)     |          |
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| (Cit                    | ty/State/Zip/Phone # | f)       |
| PICK-UP                 | ☐ WAIT               | MAIL     |
| (8u                     | siness Entity Name   | )        |
|                         | ·                    | •        |
| (Do                     | cument Number)       |          |
|                         |                      |          |
| Certified Copies        | _ Certificates o     | f Status |
|                         |                      |          |
| Special Instructions to | Filing Officer:      |          |
|                         |                      |          |
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Office Use Only



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## **COVER LETTER**

| TO:           | Registration S<br>Division of Co |  |   |   |
|---------------|----------------------------------|--|---|---|
|               | 2223 Keys                        |  |   |   |
| SUBJEC        | CT:                              | Name of Lim                                  | ited Liability Company  |   |
| The encl      | osed Articles o                  | f Amendment and fee(s) are sub               | mitted for filing.  |   |
| Please re     | eturn all corresp                | ondence concerning this matter               | to the following:   |   |
|               |                                  | Albert Mendez                                |   |   |
|               |                                  |  | Name of Person  |   |
|               |                                  | <del> </del>                                 | Firm/Company  | <del>,</del>  |
|               |                                  | 2141 Hibiscus circle                         |   |   |
|               |                                  |  | Address   |   |
|               |                                  | North Miami, fl 33181                        |   |   |
|               |                                  |  | City/State and Zip Code   |   |
|               |                                  | anglerdevelopment@gmail.  E-mail address: (  | com<br>to be used for future annual report not                      | ification)  |
| For furth     | er information                   | concerning this matter, please c             | ·   | ·   |
| Albert M      |                                  |  | 305 218-7583  |   |
|               | Name                             | of Person                                    | Area Code Daytin  | ne Telephone Number   |
| Enclosed      | l is a check for                 | the following amount:                        |   |   |
| <b>\$25</b> . | 00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 2223 KEYSTONE LLC  |  |                     |                |
|--|--|---------------------|----------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited       | iny as it now appears on our recor<br>Liability Company)   | rds.)               |                |
| The Articles of Organization for this Limited Liability Company          | were filed on 8/26/2020  |                     | and assigned   |
| lorida document number L20000264690                                      |  |                     |                |
| his amendment is submitted to amend the following:                       |  |                     |                |
| A. If amending name, enter the new name of the limited liab              | ility company here:  |                     |                |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LL   | .C" or the abbrevia | ation "L.L.C." |
| Enter new principal offices address, if applicable:                      | 2141 hibiscus cir  |                     |                |
| Principal office address MUST BE A STREET ADDRESS)                       | north miami, fl 33181  |                     |                |
|  | <del></del>  |                     |                |
|  |  | - Am                | 25             |
| nter new mailing address, if applicable:                                 | 2141 hibiscus cir  | <u> </u>            | AUG 1          |
| Mailing address MAY BE A POST OFFICE BOX)                                | bility company here:  bility Company." the designation "LLG 2141 hibiscus cir north miami, fl 33181  2141 hibiscus cir north miami, fl 33181 |                     | 2              |
|  |  | ·.                  | P              |
|  |  | - '                 | بي '           |
| 3. If amending the registered agent and/or registered office a           | address on our records, <u>ente</u>  | r the name of t     | he fiew regist |
| gent and/or the new registered office address here:                      |  | `p•                 |                |
| Name of New Registered Agent:  |  |                     |                |
| New Registered Office Address:   |  |                     |                |
|  | Enter Florida street addre   | ess                 |                |
|  | , F  | lorida              | n Code         |
|  | City <sup>r</sup>  | Z.1)                | n Coae         |

## 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>          | Address               | Type of Action     |
|--------------|----------------------|-----------------------|--------------------|
| mgr          | Elmi Investments LLC | 2141 Hibiscus Cir     | <b>=</b> Add       |
|              |                      | North Miami, fl 33181 | □Remove            |
|              |                      |                       | □Change            |
|              |                      | -                     | □Add               |
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| <b>fective date, if other than</b> an effective date is listed, the date | the date of filing: the must be specific and cannot be prior to da      | te of filing or more than 90 days aff | <b>tional)</b><br>er filing ) Pursuant to 605 020 |
| ote: If the date inserted in th  | is block does not meet the applicable ne Department of State's records. | statutory filing requirements, the    | his date will not be fisted a                     |
|  | ,   |                                       |   |
| ecord specifies a delayed effo   | ective date, but not an effective time, a                               | at 12:01 a.m. on the earlier of:      | (b) The 90th day after the                        |
| is filed.  |   |                                       |   |
| 7/28<br>ited   | 2021  |                                       |   |
|  | <del></del> :   |                                       |   |
|  | 11  |                                       |   |
|  | Signature of a member or authorized                                     |                                       |   |