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Office Use Only



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COVER LETTER

	gistration Section of Cor					
	STEINBER	G REALTY LLC		•		
SUBJECT:	•	Name of Lim	ited Liability Company			
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		DAVID STEINBERG				
		 	Name of Person			
		C/O STEINBERG REALT	YLLC			
			Firm/Company			
	7515 SAN MATEO DR E					
Address						
	BOCA RATON, FL 33433					
	City/State and Zip Code					
		STEINBERGREALTYLLC				
		E-mail address: (to be used for future annual report no	tification)		
For further in	nformation co	oncerning this matter, please co	all:			
DAVID STI	EINBERG		847 977-1552 at ()			
•	Name of	l'Person		me Telephone Number		
Enclosed is	i check for th	ne following amount:				
■ \$25.00 I	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)		
	iling Address gistration S		Street Address: Registration Sc	ection		
		orporations	Registration Section Division of Corporations			
	D. Box 632		The Centre of			
rai	llahassee, I	1. 04014	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEINBERG REALTY LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our r Jability Company)	ecords.)
he Articles of Organization for this Limited Liability Company	were filed on 9/11/2020	and assigned
orida document number <u>1.20000285359</u> .		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liabi	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		, -2
rincipal office address MUST BE A STREET ADDRESS)		1021 JAH
		三 三 三
		7 N
iter new mailing address, if applicable:		- <u> </u>
ailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————
	.	<u> </u>
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	ddress on our records, <u>e</u>	nter the name of the new registo
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street c	uldress
		_, Florida
	City	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>	Address	Type of Action
AMBR	ALEXANDRIA J STEINBERG	7515 SAN MATEO DR E BOCA RATON, FL 33433	_ ≣ Add
			_ □Remove
			_ 🗆 Change
			_ 🗆 Add
			_ □Remove
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			_ □Add
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			_ □Change
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ffecti	ve date, if other than the date of filing:
an elle ote:	ective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ent's effective date on the Department of State's records.
recore	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
l is fil	
ated _	\mathcal{M}
area,	
	// / / / / / / / / / / / / / / / / / /
	Signature of thember or authorized representative of a member
	Signature of thember or authorized representative of a member
	Signature of thember or authorized representative of a member

Filing Fee: \$25.00