

L2 0000 341239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

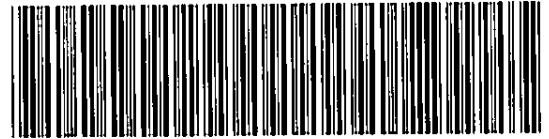
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600428122916

2024 APR 30 AM 7:31
CLERK OF STATE
TALLAHASSEE, FL

210

RECEIVED
2024 APR 30 PM 3:37
TALLAHASSEE, FLORIDA

R. HUNT

04/30/24



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 04/30/24
Order #: 1496558-1
Re: Mahua Street, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

AUTH

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

120
100
60 AM 7:31
DEPT OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mahua Street, 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:

Kerry Rapport
Name of Person
Bessemer Trust
Firm/Company
801 Brickell Avenue, Suite 2000
Address
Miami, FL 33131
City/State and Zip Code
rapport@bessemer.com
E-mail address: (to be used for future annual report notification)

RECEIVED
DIVISION OF STATE
CORPORATIONS, FL
SEP 17 2008 AM 7:31

For further information concerning this matter, please call:

Kerry Rapport at (305) 702-7278
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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**

Mahua Street, 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 10/27/2020 and assigned
Florida document number L20000341239.

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------------------------|-----------------------------|--|
| AMBR | BESSEMER TRUST COMPANY OF FLORIDA | 801 BRICKELL AVE STE 2000 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | BESSEMER TRUST COMPANY, N.A | 801 BRICKELL AVE STE 2000 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | C. DANIEL RICE | 50 N. Laura St., Suite 1700 | <input type="checkbox"/> Add |
| | | Jacksonville, FL 32202-3664 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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2001 09 10 AM 7:31
FLORIDA STATE
CORRECTIONS
TALLAHASSEE, FL

2025-07-10 AM 7:31
 MAY 11 STATE
 CALASSEE, IL

(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 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.

Dated April 29, 2024

Karina Hill

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Laura Giella

Typed or printed name of signee

Filing Fee: \$25.00

CSC AMEND-12178