L20000350347

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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3/20/21

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:		1st Street, LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of a	Amendment and feets) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Mary Brooks		
			Name of Person	
			Firm/Company	
		3225 McLeod Drive, Suite	· 100	
			Address	
		Las Vegas, Nevada 89121		
		ra@andersonadvisors.com	City State and Zip Code	
		E-mail address: (to be used for future annual report notif	lication
for further in	nformation co	oncerning this matter, please c	all:	
Mary Brook:			8(0) 706-4741 at ()	
	Name of	Person	at ()	: Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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 cadditional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 FEB - 1 AM 9: 18

5166 NW 21st Street, LLC

(Name of the Limited Liability Company as it now appears on our records.) SECRETARY OF STATE (A Florida Limited Liability Company)

TALLAHASSEF, FL

The Articles of Organization for this Limited Lial	• • •	and assigned
Florida document number 1.20000350347	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
5116 21st Drive LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company." the designation "FLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records.	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	Ciiy	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
		.	Add
			Remove
			☐ Change
			Add
			☐ Remove
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ective date, if other than the effective date is listed, the date must	date of filing:	prior to date of filing	or more than 90 day	(optional) s after filme.) Pursuant to	605.02
te: If the date inserted in this ble nument's effective date on the De	ock does not meet the ap	plicable statutory	filing requirement	s, this date will not be	listed :
record specifies a delayed he 90th day after the reco		t not an effecti	ve time, at 12	:01 a.m. on the ea	rlier
ed January 23	2021	·			
1/1	1 10 -				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00