## 120000353538

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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration Se Division of Cor				
OLIDANOVE	ACRES, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jason Gordon			
	•	Name of Person		
	Law Offices of Jason Gord	Ion, P.A.		
		Firm/Company	<del></del>	
	3440 Hollywood Blvd., St	ite 415		
		Address		
	Hollywood, FL 33021			
		City/State and Zip Code		
	jg@jgordonlegal.com			
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)	
	concerning this matter, prease c			
Jason Gordon		954 241-4207 at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
<b>≘</b> \$25.00 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)	
Mailing Addres		Street Address: Registration Sc	ection	
Division of C	Corporations	Division of Corporations		
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

16th AVE ACRES, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 11/09/2020	and assigned
Florida document number L20000353838		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
16th AVENUE ACRES, LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	
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		020
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		. 6 1
		P. ()
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
<del></del>	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 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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove
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an effectiv i <b>ote:</b> If th		nust be specific and block does not t	d cannot be prior to meet the applical	<ul> <li>date of filing or me</li> </ul>		onal) Hilling.) Pursuant to 605.020' s date will not be listed as
record sp is filed.	•	tive date, but no	t an effective tim	ne, at 12:01 a.m. c	on the earlier of: (b	) The 90th day after the
ated 🔽	December	7 3	. <u>2023</u>	_ •		
		$C_{\infty}$	/ <del></del>			
		Signature of a	member or author	ized representative	of a member	
	Cles a	× 11	*			