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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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21 NGV 15 PR 2: 36

T. MATTHEWS DEC - 3 2021

COVER LETTER

Division of Cor			\$
SUBJECT: RA	FAEL LEVY L	ted Liability Company	· ·
	Name or Emm	ed Daomy Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	RAFFAEL LE 18671 COllin Bully bles	Name of Person Will Life Firm/Company Address PEGA TO 330 City/State and Zip Code	160
	E-mail address: (to	be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	И:	
RAFNEL Name of	TPerson /	at (305) 244 Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$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 Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Corp The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION
OF
21 HOV 15 PH 2: 36 RAFAEL LEVY LLC

$\frac{03\sqrt{12/21}}{2}$ and assigned	
y here:	
the designation "LLC" or the abbreviation "L.L.C."	
ir records, <u>enter the name of the new regi</u> s	
Enter Florida street address	
, Florida	
, Florida Zip Code	

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		2:36	
<u>Title</u>	<u>Name</u>	Address 21 HOV 16 PH 2: 36	Type of Action
AMBR	KARLA LEVY	1867/ nollids AU #904, 3 SUMY ISI BOURT 33160	□Add
			N Remove
	1		□ Change
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•	formation, enter change(s) here: (Attach additional sheets, if necessary.)
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Tective date, if other tha	the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) this block does not must the applicable statute of filing or more than 90 days after filing.)
in effective date is listed, the di nte: If the date inserted in	ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3), this block does not meet the applicable statutory filing requirements, this date will not be listed as the
cument's effective date on	the Department of State's records.
agord empoition a deleved a	
is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
GEOTE WILL	101 2021
ited SEPTEMBER	- 10 . 2021 .
 	
	Signature of a member or authorized representative of a member
	Typed or printed name of signee