

L21 000012187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

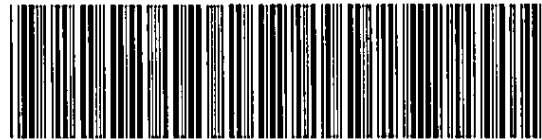
(Document Number)

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21 MAR 31 PM 12:19

RECEIVED  
STATE OF TEXAS  
DEPARTMENT OF COMMERCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 280 Mazel Tov Estate LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raymonde Charlier  
Name of Person

\_\_\_\_\_  
Firm Company

3661 W. Forge Rd  
Address

Davie, FL 33328  
City/State and Zip Code

Raye@zabella.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymonde Charlier at 954 560-0234  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                                   |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

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280 Mazel Tov Estate 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 1/4/21 and assigned  
Florida document number 21 0000 12187

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:

Eric H. Light, Esq.

New Registered Office Address:

301 Yamato Rd, Suite 1240  
Enter Florida street address

Boca Raton, Florida 33431  
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:

FLORIDA STATE  
DIVISION OF CORPORATION

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MGR = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                    | <u>Type of Action</u>                      |
|--------------|--------------------|-----------------------------------|--------------------------------------------|
| MGR          | ALLERBAZ LLC       | 3661 W. Forge Rd, Davie, FL 33328 | <input checked="" type="checkbox"/> Add    |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Change            |
| P            | Raymonde Charlier  |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input checked="" type="checkbox"/> Remove |
|              |                    |                                   | <input type="checkbox"/> Change            |
| MGR          | Didier Destouhance |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input checked="" type="checkbox"/> Remove |
|              |                    |                                   | <input type="checkbox"/> Change            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Change            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Change            |
|              |                    |                                   | <input type="checkbox"/> Add               |
|              |                    |                                   | <input type="checkbox"/> Remove            |
|              |                    |                                   | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED  
DEPARTMENT OF STATE  
NOTICE OF CREATION  
21 MAR 31 PM 12:19

E. Effective date, if other than the date of filing: 1/4/21 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 3/20/2021

R Charlier  
Signature of a member or authorized representative of a member

Raymonde Charlier  
Typed or printed name of signer