

L21 0000 16984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

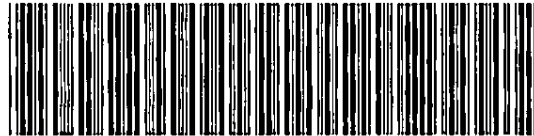
(Business Entity Name)

(Document Number)

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06 2021

S. YOUNG

2021 FEB 15 PM 5:03

FILED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 8664 SW 1st 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:

VALDEMIRO & ALLISON COELHO

Name of Person

Firm/Company

5106 N. W. 125th Avenue

Address

Coral Springs, FL 33071

City/State and Zip Code

valcoel@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valdemiro Coelho

954

658-2253

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

8664 NW 1st 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 01/07/2021 and assigned
Florida document number L21000016984

2021 FEB 15 PM 5:03

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

8664 NW 1st Street, LLC

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:

5106 NW 125th Avenue

Principal office address MUST BE A STREET ADDRESS

Coral Springs, FL 33076

Enter new mailing address, if applicable:

5106 NW 125th Avenue

Mailing address MAY BE A POST OFFICE BOX

Coral Springs, FL 33076

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:

Valdemiro Coelho

New Registered Office Address:

5106 N. W. 125th Avenue

Enter Florida street address

Coral Springs

, Florida 33076

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

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

(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.

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 _____, _____,

Signature of a member or authorized representative of a member

Valdemiro Cocinho

Typed or printed name of signer

Filing Fee: \$25.00