

L20 000 42197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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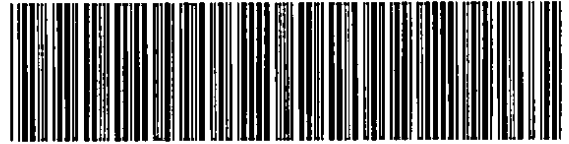
(Business Entity Name)

(Document Number)

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03/07/22--01017-008
SECRETARY OF STATE
TALLAHASSEE, FL
2022 MAR -7 PM 4:13
FILED

A. BUTLER

MAR 16 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S229 SW 19th Ave, 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:

Paola Taylor
Name of Person

S229 SW 19th Ave, LLC
Firm/Company

8258 W State Rd 84th
Address

Davie FL 33324
City/State and Zip Code

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

For further information concerning this matter, please call:

PAOLA TAYLOR at (786) 4368731
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

FILED

5229 SW 19th Ave, LLC

2022 MAR -7 PM 4:13

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/21/2021 and assigned
Florida document number L2000042197

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:

CAPE CORAL INVESTMENT FOUR, LLC

New Registered Office Address:

8258 W State Rd 84th

Enter Florida street address

DAVIE

City

Florida

33324

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Fabian Bortz</u>	<u>8258 W State Rd 84</u>	<input type="checkbox"/> Add
		<u>DAVIE FL 33324</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>ELIAS BORTZ</u>	<u>8258 W State Rd 84</u>	<input type="checkbox"/> Add
		<u>DAVIE FL 33324</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Valeria Gladstein</u>	<u>8258 W State Rd 84</u>	<input type="checkbox"/> Add
		<u>DAVIE FL 33324</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>VICTOR LUNA</u>	<u>8258 W State Rd 84</u>	<input type="checkbox"/> Add
		<u>DAVIE FL 33324</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>CAPE CORAL</u>	<u>8258 W State Rd 84</u>	<input checked="" type="checkbox"/> Add
<u>INVESTMENT FOUR, LLC</u>		<u>DAVIE FL 33324</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>MOONI LLC</u>	<u>8258 W State Rd 84</u>	<input checked="" type="checkbox"/> Add
		<u>DAVIE FL 33324</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(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)

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 02/23, 2022.

Signature of a member or authorized representative of a member

Cape Coral Investment Four, LLC
Typed or printed name of signer