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(Address)

(City/State/Zip/Phone #)

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21 OCT -1 PM 12:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9701 COLLINS AVENUE 502, 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:

Mendy Lieberman

Name of Person

The Lieberman Law Firm P.A

Firm/Company

20801 Biscayne blvd suite 304

Address

aventura/FL 33180

City/State and Zip Code

Mlieberman@sflatty.com

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

For further information concerning this matter, please call:

Motti Segall

305 912-7789
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

21 OCT -1 PM 12:05

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

MIAMI BEACH FL 33140, US

MIAMI BEACH FL 33140, US

Zip Code

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>
MGR	SCHNEIDER, DAVID	9703 Collins Ave apt. 605	<input checked="" type="checkbox"/> Add
		Bal Harbour 33154 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
mgr	Eric Irons	9701 Collins Ave 502s	<input type="checkbox"/> Add
		miami beach, fl 33140	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

21 OCT -1 PM 12:05

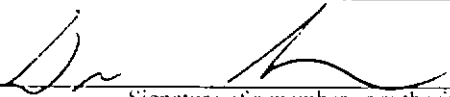
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 09/23/2021



Signature of a member or authorized representative of a member

SCHNEIDER, DAVID

Typed or printed name of signee