

K21 0000 94334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

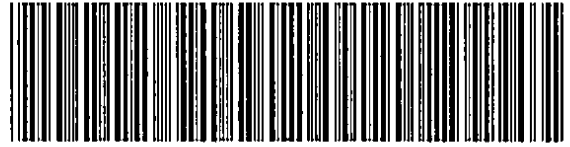
(Business Entity Name)

(Document Number)

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2021 NOV -8 PM 1:03

FILED

A. BUTLER
NOV 30 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 524 SW2CT,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:

CHARLES LEWANDOWSKI

Name of Person

Firm/Company

14037 WEEPING CHERRY DR

Address

ROCKVILLE, MD 20850

City/State and Zip Code

CHARLES@CORBEN.COM

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

For further information concerning this matter, please call:

CHARLES LEWANDOWSKI at (301) 602-4800
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**

524 SW2CT, LLC

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

2021 NOV -9 PM 1:03

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 25, 2021 and assigned Florida document number L21000094334.

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:

14037 WEEPING CHERRY DR

(Principal office address MUST BE A STREET ADDRESS)

ROCKVILLE, MD 20850

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: _____

New Registered Office Address: _____

Enter Florida street address

_____. Florida _____

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAUL WILLIS	902 NE 1ST STREET #6	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33060	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EQUITYTRUST CO FBO CHARLES LEWANDOWSKI IRA	1 EQUITY WAY	<input type="checkbox"/> Add
		WEST LAKE, OH 44145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES LEWANDOWSKI	14037 WEEPING CHERRY DR	<input checked="" type="checkbox"/> Add
		ROCKVILLE, MD 20850	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VERA L LEWANDOWSKI ^{REV.} TRUST DATED 4-21-2003	14037 WEEPING CHERRY DR	<input checked="" type="checkbox"/> Add
		ROCKVILLE, MD 20850	<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.)*

Multiple horizontal lines for amending information.

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 11/3/2021

Handwritten signature

Signature of a member or authorized representative of a member

CHARLES LEWANDOWSKI

Typed or printed name of signee