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SECRETARY OF STATE

D. BRUCE FEB 23 WIL

## **COVER LETTER**

	on Section Corporations			
SUBJECT:	4361 SW 49th Ct LLC Name of Limited Liability Company			
	Name of Entitled Elability Company			
The enclosed Arti	es of Amendment and fee(s) are submitted for filing.			
Please return all c	respondence concerning this matter to the following:			
	B.J. Reeves			
	Name of Person			
	Law Office of B.J. Reeves, P.A. Firm/Company			
	rineCompany			
	1779 N. University Drive, Suite 202 Address			
	Pembroke:Pines, Florida 33024	~3		
	City/State and Zip Code	1022 SEC		
	BJ@tctitleinsurance.com	FEB .		
For further inform	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:	2022 FEB 10 PM 12: 44 SECRETARY DE STATE TALL ARRASSES. FL		
n	Poored 954 \ 963-4740	是 N N N N N N N N N N N N N N N N N N N		
	Reeves at (954) 963-4740 Ime of Person Area Code Daytime Telephone Number	THE F		
Enclosed is a chec	for the following amount:			
□ \$25.00 Filing Fee				
<u>Mailing</u> Registra	Idress: Street Address: on Section Registration Section			
D: 1 1				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

4361 SW 49th Ct LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on March 5, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	1915 N. 39th Ave., Ho	llywood,
(Principal office address MUST BE A STREET ADDRESS)	Florida 33021	
Enter new mailing address, if applicable:	1915 N. 39th Ave., Ho	llywood,
(Mailing address MAY BE A POST OFFICE BOX)	Florida 33021	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ddress on our records, enter the name	2022 FEB 10 SECRETARY
	, Florida	SSP PH TO INTERPRETATION OF THE PHOTO INTERPRETATION OF TH
New Registered Agent's Signature, if changing Registered Agent:		門第二

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 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>	Name	Address	Type of Action
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			<b>∑</b> Remove
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AMBR	NURIELI, KFIR	4811 Hayes St., Hollywood, Fl. 33021	🗀 Ad <b>d</b>
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fective date, if other than the date of filing in effective date is listed, the date must be specific and ote: If the date inserted in this block does not much cument's effective date on the Department of St	cannot be prior to dat eet the applicable:	e of filing or more that statutory filing requi	(optional) 190 days after filing.) Pur rements, this date will	suant to 603 not be list	5.0207 (3) ted as the
ecord specifies a delayed effective date, but not	an effective time, a	at 12:01 a.m. on the	earlier of: (b) The 90	th day afte	r the
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Filing Fee: \$25.00