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88/08/24--01008--021 **25.00

Anastasia Cohen 4233 W Hillsboro Blvd #970068 Coconut Creek, FL 33073 Phone: 954-257-9607 Date: 07/24/2024

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

Subject: Amendment of Articles of Organization for ACH PROPERTY LLC

Dear Sir or Madam,

I am writing to submit the necessary form and instructions to amend the Articles of Organization for our Florida Limited Liability Company. My details are as follows:

• Name: Anastasia Cohen

Social Security Number: 703226488

Phone Number: (954) 257-9607

Address: 4233 W Hillsboro Blvd #970068, Coconut Creek, FL 33073

I, Anastasia Cohen, will replace Gal Oron as the registered agent. I accept this appointment and am familiar with and acknowledge the obligations associated with this position.

Thank you for your attention to this matter.

Sincerely,

Anastasia

07/24/2024

COVER LETTER

• . .

TO: Registration Se Division of Cor			
	PERTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anastasia Cohen		
		Name of Person	
	ACH PROPERTY LLC		
		Firm/Company	
	4233 W Hillsboro Blvd #	970068	
		Address	
	Coconut Creek, FL 3307	3	
	-	City/State and Zip Code	
	ach.propert@gmail.com		
		to be used for future annual report no	onneation)
For further information of	concerning this matter, please c	all:	
Anastasia Cohen		954 2579607	
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C	Section Corporations	Street Address: Registration S Division of C	orporations
P.O. Box 633 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACH PROPERTY LLC	Linkilian Communication	it nave appears or	our records)
(Name of the Limited (A	Florida Limited L	ny as it now appears or Liability Company)	Tour records.
The Articles of Organization for this Limited Liab lorida document number L21000157034	oility Company	were filed on <u>04/13</u>	2021 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	ility company here:	
he new name must be distinguishable and contain the wor	ds "Limited Liabil	ity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applical	ole:	4233 W Hillsboro	Blvd #970068
Principal office address MUST BE A STREET ADDRESS)		Coconut Creek, F	L 33073
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4233 W Hillsboro	Blvd #970068
		Coconut Creek, F	L 33073
	- 		
 If amending the registered agent and/or reg 	sistered office a	iddress on our reco	rds, enter the name of the new regist
gent and/or the new registered office address			
Name of New Registered Agent:	Anastasia Cohen		
New Registered Office Address:	4233 W Hillsbo	oro Blvd #970068	
How registered office radios.		Enter Florida	street address
	Coconut Creel	·	, Florida ³³⁰⁷³
		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>	Name	Address	Type of Action
AMBR	Ahikam Cohen	4233 W Hillsboro Blvd #970068	(ii) Add
		Coconut Creek, FL 33073	□Remove
			Change
Registere	Gal Oron	11110 W. OAKLAND PARK BLVD., SUITE 289	□Add
		SUNRISE, FL 33351	
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			Remove
			D.C.L

Note:	tive date, if other than the date of filing: [O7/24/2024] (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
e reco rd is f	rd 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 iled.
Dated	07/24/2024
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00