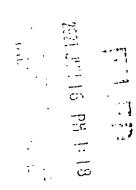
## 121000 174 399

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



06/16/21--01010--004 \*\*25.00



NU 15 MI

## **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

Tallahassee, FL 32314

SOBIA SUBJECT:	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:		
	SOBIA DABIE			
	<u></u>	Name of Person		
		Firm/Company		
	120-65 131ST STREET			
•	<del></del>	Address		
	S OZONE PARK NY 11	420		
	SOBIADABIE@AOL.COM	City/State and Zip Code		~ )
	•	to be used for future annual report r	notification)	
For further information e	oncerning this matter, please c	all:		
SOBIA DABIE		646 852 4552 at ( )		5
Name o	f Person		time Telephone Number	<del>一</del>
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S Division of C	Section orporations	Street Address: Registration S Division of C	Section Corporations	
P.O. Box 632	7	The Centre o	f Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iny as it now appears on our records.) Liability Company)			
were filed on April 14, 2021	and assigned		
ility company here:			
lity Company," the designation "LLC" or the al	obreviation "L.L.C."		
3413 19TH ST W			
LEHIGH ACRES, FL 33971			
address on our records, enter the nam	e of the new registered		
	<u>; -                                   </u>		
Enter Florida street address			
, Florida	Vin Codu		
Cay	Lip Code		
	address on our records, enter the name		

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>	Type of Action
			□Add
			Remove
			□Change
<del></del>			□Add
			Remove
			☐ Change
			□Remove
			☐ Chánge
			□Remove
			: , cv □Change
			□Remove
			□Remove
			Flo

			<u> </u>		
<u> </u>				**	<u></u>
				,,	251 3
		<del></del>		<del></del>	<u>.</u> :
					——ച പ
			·		ئے ر: میدر
		-	<del></del>	· · · · · · · · · · · · · · · · · · ·	<u>co</u>
<del></del>				·	
			(a= <b>t</b> ia=	1\	
fective date, if other than the date of fili in effective date is listed, the date must be specific a	ind cannot be prior to	date of filing or mor	e than 90 days after fi	ling.) Pursuant to	605.0207
ote: If the date inserted in this block does not cument's effective date on the Department of	f State's records.	ole statutory ming	requirements, this t	iate wiii not be	nsicu as
ecord specifies a delayed effective date, but n is filed.	ot an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
nted MAY 3	2021	_ •			
MAY 3	2021				

Filing Fee: \$25.00