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SECRETARY OF STATE



COVER LETTER

TO: Registration So Division of Cor			
9804 12TH	ST LLC		
SUBJECT:	Name of Lin	nited 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:	
	Michael E. Steuer		
		Name of Person	
	Steuer & Co, CPA		
		Firm/Company	
	1000 Belcher Rd S Ste 7		
		Address	Person Tapany SSS Zip Code Tree annual report notification) Tode Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Largo, FL 33771		
		City/State and Zip Code	
	myinfo@mikethecpa.com		
For further information of	E-mail address: (concerning this matter, please c		ification)
	oncerning this matter, prease c		
Michael E. Steuer		at ()	
Name o	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration			ection
Division of C		-	
P.O. Box 632	27		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9804 12TH ST LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited I Florida document number L21000182838	Liability Company were filed on	04/27/2021 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if appli	cable:	יאריי בי ליבי
(Principal office address MUST BE A STRE	HASS 15	
		Fest A C
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	1 É 2
B. If amending the registered agent and/or agent and/or the new registered office addr		r records, <u>enter the name of the new reg</u> istere
Name of New Registered Agent:	Michael E. Steuer	
New Registered Office Address:	1000 Belcher Rd S Ste 7	
	Enter F	lorida street address
	Largo	Florida 33771
	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:

or removed from our records:	
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		***	□Remove
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ective date, if other than tl	e date of filing:		_ (optional)	405 N
te: If the date inserted in this	ast be specific and cannot be prior to dolock does not meet the applicable	ate of filing or more than 90 c statutory filing requirem	ents, this date will not l	oc listed
nument's effective date on the	Department of State's records.			
cord specifies a delayed effect	ve date, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th da	v after tl
s filed.				•
May 27	2023			
ed May 27				
	Nunc 15			
	Signature of a member or authorize			

Filing Fee: \$25.00