## K21000185221

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

Office Use Only



100365626341

05/21/21--01020--001 \*\*25.00



## **COVER LETTER**

**Registration Section** 

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	R APARTMENTS LLC	,	•
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK ALBRIGHT		
		Name of Person	
	MIRAFLOR APARTMEN	ITS LLC	
		Firm/Company	
	162 NEPTUNE DR		
		Address	
	LAKE WORTH, FL 33462	2	
		City/State and Zip Code	· · - · - · · · · · · · · · · · · ·
	albright101@aol.com		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please co	all:	
MARK ALBRIGHT		561 436-7487 at ( )	
Name o	of Person		ne 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)
<u>Mailing Addres</u> Registration (		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	7	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	bility Company as it now appears o rida Limited Liability Company)	n our records.)
ne Articles of Organization for this Limited Liability		
orida document number L21000185221		
nis amendment is submitted to amend the following	;	
. If amending name, enter the new name of the l	imited liability company here	:
i/A		
he new name must be distinguishable and contain the words "l	Limited Liability Company," the design	
nter new principal offices address, if applicable:	N/A	2021 HA
<u>Principal office address MUST BE A STREET AD</u>	DRESS)	三三三
		<u> </u>
	N/A	里里当
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		
<ul> <li>If amending the registered agent and/or registegent and/or the new registered office address her</li> </ul>		ords, <u>enter the name of the new reg</u> i
Name of New Registered Agent: N/A	A	
New Registered Office Address: N/A		
	Enter Florida	street address
		. Florida
<del></del>	City	Zin 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 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
AMBR	STEPHANIE ALBRIGHT	162 NEPTUNE DRIVE	<b>=</b> Add
		LAKE WORTH, FL 33462	□Remove
			☐ Change
			□Remove
			Change AY 21 Add
			H. H
			Hickinove 3
			□Add
			□Remove
			□Change
<u>.</u>	<u> </u>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

		· · · · · · · · · · · · · · · · · · ·							-		<del></del>
			., . <del></del>				<u></u>		_	-	
				<u></u>							
		·——-		<u></u>							
,	•	<del>-</del> -	<u> </u>			_					
•					<del></del>	· · · · · · · · · · · · · · · · · · ·			TALL	2021	<del></del>
					·-						1;
									353 VHV	NA Y	
									25.		1 
							•		17.0	<del>-</del> = :	ال :
									- <u>0</u> 25 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	 ယ	<del></del>
							<del> </del>		_ >		<del></del>
	- "	· -			<del>_</del>						
		·									<u> </u>
			_ <del>.</del>					<u></u>			
			-					<b>-1-</b>			
	tive date, if ot	her than the	date of fil	ling:		_		(opt	tional)		
Effect	ffective date is list	ed, the date mu erted in this b	st be specific lock does no	and cannot of meet the	applicable			0 days aft	er filing.)		
f an ef <mark>Note:</mark>	ment's effective				etive time	at 12:01 a.c	n. on the ea	rlier of: (	(b) The	90th da	y after the
f an ef <b>Note:</b> Iocun	ment's effective ord specifies a de	clayed effectiv	e date, but	not an effe	enve imie,						
fan ef Note: locun reco d is f	ment's effective ord specifies a de filed.	elayed effectiv	e date, but	not an effe							
If an ef Note: docum  e reco ord is fi	ment's effective ord specifies a de	elayed effectiv	re date, but	not an effe							

Typed or printed name of signee