

L21000189540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

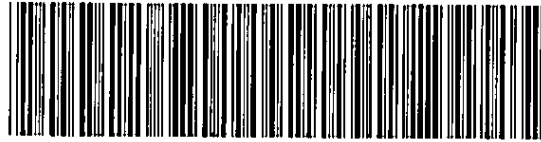
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400375920584

FILED

2021 NOV -1 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2021 NOV -1 PM 2:30

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/1/2021

NAME: 1104 NORTH DIXIE HIGHWAY LLC

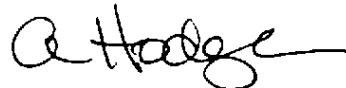
TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1104 NORTH DIXIE HIGHWAY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/30/2021 and assigned
Florida document number L21000189540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1104 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1104 NORTH DIXIE HIGHWAY
LAKE WORTH, FL 33460

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____
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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Item	Quantity	Unit	Price	Total	Action
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Change
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Change
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Change
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Change
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Change
					<input type="checkbox"/> Add
					<input type="checkbox"/> Remove
					<input type="checkbox"/> Change

7-665113
2021 NOV - 1 AM 8:46
SECRET
TALLAHASSEE

(If an effective 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 (3)(b)

If the record 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 record is filed.

Wm. J. V. Vans

CHRISTOPHER VINAS

Filing Fee: \$25.00