

h21000193451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

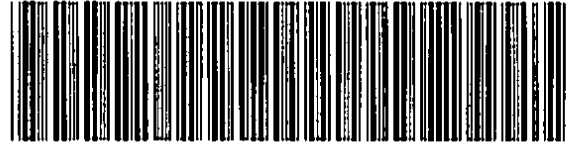
(Business Entity Name)

(Document Number)

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12/06/21--01009--010 **25.00

21 DEC -6 PM 3:31

T. MATTHEWS

DEC 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2251 S. Old Dixie Hwy LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valeria Schwartzman
Name of Person
Law Office of Valeria Schwartzman
Firm/Company
12550 Biscayne Blvd. Ste 400
Address
Miami, FL 33181
City/State and Zip Code
valeria@schvlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valeria at (305) 874-0114
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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2251 S OLD DIXIE HWY 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 MAY 4, 2021 and assigned
Florida document number L21000193451.

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.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7 W 36 ST FLOOR 12

NEW YORK, NY 10018

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7 W 36 ST FLOOR 12

NEW YORK, NY 10018

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

City

Florida

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMBER	MANUEL GOMEZ	253 W 16 ST APT 2C	<input type="checkbox"/> Add
		NEW YORK, NY 10011	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MEMBER	DAVID SHEBIRO	90 CRESCENT DR	<input type="checkbox"/> Add
		SEARINGTON, NY 11507	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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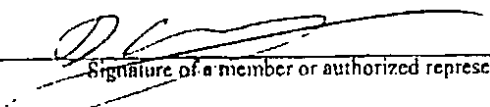
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

One of the Member's name is
wrong on the Sonbiz page it should
show: Manuel Gomez instead of
Manny Gomez

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

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.

Dated DECEMBER 3, 2021.



Signature of a member or authorized representative of a member

DAVID SHEBIRO

Typed or printed name of signer