⊙ 05/25/2021 10:49 AM 5/25/2021



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Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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Email Address: TOMMY@TRAZAINS.COM

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2462 JOHNSON ST LLC

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MAY 2 6 2021

A. LUNT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H21000209226

	HNSON ST LLC			
(Name of the Limited Liability (A Florida Li	Company as it now appear imited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Com	npany were filed on	MAY 12, 2021	and assigne	ed
Florida document number L21000209719	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the	designation "LLC" or the abb	reviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>		<u> </u>	-232
			A	
			388 7.84	725
Enter new mailing address, if applicable:			اند مند من اند	
(Mailing address MAY BE A POST OFFICE BOX)	رة ويساعين والمراجعة فالمسافية في في المراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والم			<u>~</u> ₹.
			- <del>3</del> 27	<u>Ut</u>
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter th	ne name of	the new
Name of New Registered Agent:	EM	IL LAHAZIEL		· <del></del>
New Registered Office Address:	Enter Flor	rida street address		-
		, Florida		<del></del>
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			

(mil Lahazisl

If Changing Registered Agent, Signature of New Registered Agent

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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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H21000209226

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	EMIL LAHAZIEL	101 NORTH FEDERAL HIGHWAY	<b>a</b> Add
		HALLANDALE, FL 33009	☐ Remove
MGR	LILY COHEN	2462 JOHNSON ST	🗆 Add
		HOLLYWOOD, FL 33020	Remove
			IALLAMASSEM FLORIDA Add
			Add
			☐ Remove
			□ Ветюче

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D. If amendir	ig any oth	er information, ente	r change(s) here: (Attach addition	al sheets, if necessary.)	
				H210002092	26
<del></del>					
		,			
<del></del>					
	<del> </del>				
*****					
E. Effective d	late. if oth	er than the date of f	iling:	(optional)	
(The effective	date must be	specific, cannot be prior titled by the Florida Depart	to date of receipt or filed date and cannot be	more than 90 days after	
Dated		MAY 25	2021		
			mil Lahazial of a member or authorized representative o		
•		Signature	of a member or authorized representative o	f a member	
			EMIL LAHAZIEL		

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Typed or printed name of signee