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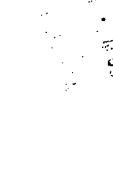
(Requestor's Name)
(Áddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 0 1 2021

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

FROM

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

BUTLAT REACABLE THE FOUL AUGUS CERVACES.

Melissa Moreau mmoreau@incserv.com 850.656.7953

R	EQI	JEST	DATE	5/28/	2021

PRIORITY Regular Approval

OUR REF_# (Order ID#) 922361

ORDER ENTITY
9 10 1580 NW 27TH AVE LLC

9 10 1580 NW 27TH AVE LLC (FL)	
File the attached amendment and provide a certified copy.	
NOTES:	
\$55.00 Authorized	
Email address for annual report reminders: jmarcuscpa@yahoo.com	
RETURN/FORWARDING INSTRUCTIONS:	

Please bill the above referenced account for this order.

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, May 28, 2021 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9 10 1580 NW 27TH AVE 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 05/14/20	21 and assigned
Florida document number L21000218215		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	•
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:		s, <u>enter the name of the new registered</u>
New Registered Office Address:		
	Enter Florida stre	ret address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	-u,	Zq [,] Cone
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my di rovided for in Chapte	ities, and I am familiar with and
If Chang	zing Registered Agent, <u>Si</u> p	nature 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MRG	TARA BECK	1580 NW 27TH AVE #9, #10	■Add
		POMPANO BEACH, FL 33069	□Remove
			□Change
			□Add
			Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
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	er than the date of fili il, the date must be specific a ted in this block does not late on the Department of	t meet die applicat	date of filing or more ole statutory filing r	(option than 90 days after fil equirements, this d	al) ing.) Pursuant to 605.020 ate will not be listed a
record specifies a del	ayed effective date, but no	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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	Signature of	a member or authori	zed representative of	a member	

Filing Fee: \$25.00