LZ1 000280841

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co				
20691 AN SUBJECT:	DALUSIA. LLC			
	Name of Limi	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	STEVEN I. GREENWALI	D. ESQ.		
		Name of Person		
	LAW OFFICES OF STEV	EN I. GREENWALD, P.A.		
		Firm/Company		
	6971 NORTH FEDERAL I	HGHWAY, SUITE 105		
		Address		
	BOCA RATON, FL 33487			
		City/State and Zip Code		
	SUSAN-GREENWALDLA	-		
		o be used for future annual report notif	ication)	
For further information Susan Margolies	concerning this matter, please ca		Ţ)	
		561 994-5560 x 1 at () Area Code Daytime		Ø
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)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status & 🌅

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20691 Andalusia, LLC

(Name of the Limited Liab (A Flori	lity Company as it now appears on our da Limited Liability Company)	recor <u>ds.</u>)	
The Articles of Organization for this Limited Liability Florida document number L21000280841	Company were filed on June 16, 20)21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
B. If amending the registered agent and/or register agent and/or the new registered office address here: Name of New Registered Agent:		enter the name	
New Registered Office Address:			\bigcirc
	Enter Florida stree	t address	•
		, Florida	Zip Code
Non-Bordania de Maria (Contra de Contra de Con	City		Zip Code
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this capacit complete performance of my dul agent as provided for in Chapter red office address, I hereby conf	ies, and I am fo 605, F.S. Or,	ทั้งiliar with and if this document is
	If Changing Registered Agent, Sign	nature of New Reg	istered 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>	<u>Name</u>	Address	Type of Action
AMBR	Milana Arlovskaya	9619 Savona Winds Drive	■Add
		Delray Beach, FL 33446	□Remove
			□Change
AMBR	Andrei Arlovski	9619 Savona Winds Drive	= Add
		Delray Beach, FL 33446	□Remove
			□Change
			🗆 Add
			□Remove
		<u> </u>	□Change
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Effective date, if other than the date of filing. June 16, 2021 (It 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 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated Signature of a purmber or authorized representative of a member			
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Filing Fee: \$25.00