

7/20/22, 12:07 PM

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

L21000245998 725

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(((H22000245998 3)))



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To: Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mayer@mbanc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**1856 NW 9TH ST LLC**

Certificate of Status	1
Certified Copy	0
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2022 JUL 20 PM 12:26

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 2022 JUL 20 PM 6:16  
 STATE OF FLORIDA  
 TALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX  
JUL 21 2022

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

H22000245998

**1856 NW 9th St 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 June 18, 2021 and assigned Florida document number L21000285785.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

101 Plaza Real South, Suite 203

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33432

Enter new mailing address, if applicable:

101 Plaza Real South, Suite 203

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33432

**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*

FILED  
2022 JUL 20 PM 6:09  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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 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:

H22000245998

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mayer Dallal	2403 Alvord Lane	<input type="checkbox"/> Add
		Redondo Beach, CA 90278	<input checked="" type="checkbox"/> Remove
AMBR	Mayer Dallal	102 NE 2nd Avenue, Suite 353	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

H22000245998

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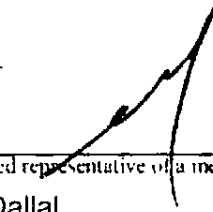


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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated July 19, 2022

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
**Mayer Dallal**  
 \_\_\_\_\_  
 Typed or printed name of signer