

L21000309576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

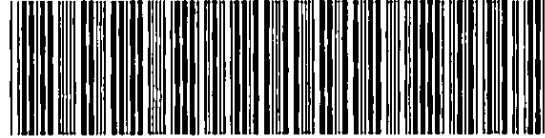
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08/26/21

COVER LETTER

**To: Registration Section
Division of Corporations**

SUBJECT: 5255 Collins DU4 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:

Rajarengan Rajaratnam

Name of Person

5255 Collins DU4 LLC

Firm/Company

5255 Collins Ave. Apt 9E

Address

Miami Beach FL 33140

City/State and Zip Code

renganra@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

renganra@yahoo.com

at (646) 251 9990

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**

5255 Collins DU4 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 07/06/2021 and assigned
Florida document number 121000309576.

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)

5255 Collins Ave.

Apt 9E

Miami Beach, FL 33140

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5255 Collins Ave.

Apt 9E

Miami Beach, FL 33140

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: Rajarengan Rajaratnam

New Registered Office Address: 5255 Collins Ave, Apt 9E

Enter Florida street address

Miami Beach

City

Florida 33140

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager
MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
IGR	Rajarengan Rajaratnam	5255 Collins Ave.	<input checked="" type="checkbox"/> Add
		Apt 9E	<input type="checkbox"/> Remove
		Miami Beach Fl 33140	<input type="checkbox"/> Change
AMBR	Manisha Singal	5255 Collins Ave, Apt 9E	<input checked="" type="checkbox"/> Add
		Apt 9E	<input type="checkbox"/> Remove
		Miami Beach Fl 33140	<input type="checkbox"/> Change
MGR	Joné F Verite	5255 Collins Ave.	<input type="checkbox"/> Add
		APT 6B	<input checked="" type="checkbox"/> Remove
		Miami Beach Fl 33140	<input type="checkbox"/> Change
AMBR	Gustavo A Verite	5255 Collins Ave.	<input type="checkbox"/> Add
		APT 2B	<input checked="" type="checkbox"/> Remove
		Miami Beach Fl 33140	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

E. Effective date, if other than the date of filing: August 10, 2021 (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 August 10, 2021

Signature of a member or authorized representative of a member

Jordi F verite

Typed or printed name of signee