L21 000 340 249

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/State/Ziph Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300402201853

92/15/23--01007--029 **25.00

COVER LETTER

TO: Registration Se Division of Cor			•
105 SE 2N	D ST LLC		·
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	e the following.	
	Efrat David		
		Name of Person	
		Firm/Company	<u> </u>
	3330 NW 97TH WAY		
		Address	
	SUNRISE FL 33351		(
		City/State and Zip Code	
	Davidefrat@hotmail.com	o be used for future annual report not	(Festion)
For further information of	n-main indiress: (t concerning this matter, please co		
Efrat David		310 405-2405	
Name (of Person	Area Code Daytin	ne Tetephone Number
Enclosed is a check for t	he following amount.		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy cadditional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 631		The Centre of	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

debbee signature verification

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>N</u> ame of the Limited) (A	Liability Comp: Florida Limited	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liabs	ility Company	were filed on <u>07/27/2021</u>	1,	and assigned
Florida document number L21000340249	·			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liab	ility company here:		
he new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designatio	n "LLC" or the abbrev	ation "E.L.C."
Enter new principal offices address, if applicabl		3330 NW 97TH WAY		
(Principal office address MUST BE A STREET ADDRESS)		SUNRISE FL 33351	:	
-				С.
				•
Enter new mailing address, if applicable:		3330 NW 97TH WAY	<u> </u>	•
Mailing address MAY BE A POST OFFICE BOX)		SUNRISE FL 33351		<u> </u>
i. If amending the registered agent and/or registered office address had the new registered office address had been as a Name of New Registered Agent:		address on our records,	enter the name of	the new regi
-	3330 NW 97TH WAY			
New Registered Office Address:	······	Enter Florida street	address	
	SUNRISE		, Florida <u>33351</u>	
-		Ciry		ip 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.

David Efrat duthous verified C19292 17 PM 15 eq. B4758-80 con-review

dedil ob signature verification

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
MGR	EFRAT, DAVID	3330 NW 97TH WAY	□Add
		SUNRISE FL 33351	∏Remove
			≡ Change
			 □Çhange
			□ Add
			□Remove
			□Change
			DAdd
			□Remove
			[]Change
			_
			T.Change

	David Efrat	datkood ver	11		
ted		 .			
ecord specifies a delayed effect is filed.	ive date, but not an effective tin	nc. at 12:01 a.m. on th	e earlier of: (b)	The 90th day	r after t
ote: If the date inserted in this?	block does not meet the applica Department of State's records.	ble statutory filing req	uirements, this do	ite will not b	e listed
fective date, if other than the	ne date of filing:	o date of tiling or more th	on 90 days after 66	il) no ì Pursiant	to 605 0
					
				····	
				<u>:</u>	- <u></u> : : :
					· ·
					-
					
					
			<u></u>		
*****		· · · · ·			

Filing Fee: \$25.00

Typed or printed name of signee