## L210003504

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## **COVER LETTER**

Registration Section

TO:

Division of C	Corporations					
	V 18 COURT #1H LLC					
SUBJECT:	Name of Limited Liability Company					
The analysis Assistas	of Amendment and fee(s) are sub	mitted for filling				
The enclosed Afficies	or Amendment and ree(s) are suc	milled for thing.				
Please return all corres	spondence concerning this matter	to the following:				
	RAYMONDE CHARLIE	R				
		Name of Person	<u> </u>			
	5316 NW 18 COURT #11	LLC				
		Firm/Company				
	3661 W FORGE RD					
		Address				
	DAVIE, FL 33328					
		City/State and Zip Code				
	ray@zabella.com	to be used for future annual report no	ification			
For further information	n concerning this matter, please c					
RAYMONDE CHAR	LIER	954 560-0234 at ()				
Nam	e of Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check fo	r 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		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6 Tallahassec	327 c. FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5316 NW 18 COURT #1H LLC		-
( <u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000350634	Company were filed on <u>08/04/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	7
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
3. If amending the registered agent and/or registere gent and/or the new registered office address here:		name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	City	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 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
MGR	ALIX CHARLIER	3661 W FORGE RD, DAVIE, FL 33328	🛱 Add
			□Remove
			□Change
MGR	JEAN MARIO NICOLAS	3661 W FORGE RD, DAVIE, FL 33328	<b>=</b> Add
			□Remove
			□Change
			□Add
			□ Remove
		<u> </u>	Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□ Change
		<del></del>	□ Add
			Remove
			□Change
			□Add
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Filing Fee: \$25.00