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(Re	equestor's Name)	
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Con		•	•
CUD IE		1125, LLC		
SUBJEC	-1:	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Howard Nadel		
			Name of Person	<u> </u>
		Howard B. Nadel, P.A.		
			Firm/Сотрапу	illing. wing: e of Person //Company ddress e and Zip Code or future annual report notification) 954
		301 W. Hallandale Beach I	Blvd.	
			Address	
		Hallandale Beach, Florida	33009	
		-	City/State and Zip Code	
		hnadel@mflaw.com		
				otification)
For furth	er information of	concerning this matter, please ca	aff:	
Howard	Nadel		954 455-5100 at ()	<u></u>
	Name o	of Person	Area Code Day	time Telephone Number
Enclosed	d is a check for t	he following amount:		
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addre			
	Registration		-	
	Division of O P.O. Box 632	-		•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Partners of 1125, LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec lability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000352990	were filed on August 4, 202	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
1125 Real Estate Investment, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		TAMA SEE. FL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		96 > M
	<u>-</u>	
		FN 5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
• • • • • • • • • • • • • • • • • • • •		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,
I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered 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>	Name	Address	Type of Action
			Remove
			□Change
		 	□Add
			□Remove
			☐ Change
			□Add
			☐ Change
			□Add
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	other than the date of fili			_ (optional)	
Note: If the date it	listed, the date must be specific a nserted in this block does no ve date on the Department o	t meet the applicable sta			
ne record specifies a ord is filed.	delayed effective date, but n	not an effective time, at	12:01 a.m. on the earli	er of: (b) The 90th day af	ter the
Dated November 2		4 1 2021 · · ·			
	Signature of B. Nadel	a member or authorized re	presentative of a membe	г	

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Filing Fee: \$25.00

Typed or printed name of signee