

L2100032877325

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6333

From:

Account Name : Vcorp SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3532

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2021 SEP -2 PM 5:52
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 SEP -2 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2020 NW 129TH LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

BB
9/3/21

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 NW 129th 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 08/04/2021 and assigned
Florida document number L21000353325.

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:

2020 NW 129TH AVE UNIT 208

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33182

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

2020 NW 129TH AVE UNIT 208

Enter Florida street address

DORAL

City

Florida 33182

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------|--|
| AMBR | ROMAN MARDALHAEV | 667 LEHIGH AVE | <input type="checkbox"/> Add |
| | | UNION, NJ 07083 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | ROMAN MARDAKHAEV | 667 LEHIGH AVE | <input checked="" type="checkbox"/> Add |
| | | UNION, NJ 07083 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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