

L2100038279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

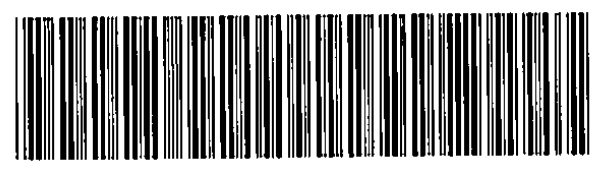
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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08/31/21--01012--010 **25.00

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2021 AUG 31 AM 11:40

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2021 SEP -3 PM 10:00

Handwritten signature

SEP 07 2021
ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/31 DANNY

- CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- CUS** _____
- XX** **FILING** LLC AMEND _____

1. 1515 NW 167 ST HOLDINGS, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2021

CORPORATE ACCESS, INC.

SUBJECT: 1515 NW 167 ST HOLDINGS, LLC
Ref. Number: L21000382799

Corrected

We have received your document for 1515 NW 167 ST HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the date of filing and the document number in the space provided.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 821A00021098

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2021 SEP -3 PM 1:42

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1515 NW 167 ST HOLDINGS, 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 8/26/21 and assigned Florida document number L21000382799

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:

1515 NW 167 STREET 300

(Principal office address MUST BE A STREET ADDRESS)

MIAMI GARDENS, FL 33169

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1515 NW 167 STREET300

MIAMI GARDENS, FL 33169

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:

ROBERT G NIZNIK

New Registered Office Address:

1515 NW 167 STREET300

Enter Florida street address

MIAMI GARDENS

Florida 33169

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.

Robert G. Niznik

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>
MGR	Robert G Niznik	C/O 1515 NW 167 STREET, LLC	<input checked="" type="checkbox"/> Add
		1515 NW 167 STREE T300	<input type="checkbox"/> Remove
		MIAMI GARDENS, FL 33169	<input type="checkbox"/> Change
MGR	KEN ISRAEL	615 OCEAN BLVD	<input type="checkbox"/> Add
		GOLDEN BEACH, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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