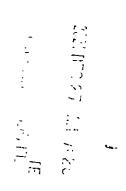
# K21000458024

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	ry/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
Wrong form	
J	Office Lies Only



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11/08/21--01040--007 \*\*35.00



A. BUTLER
JAN - 7 2022

## **COVER LETTER**

Division of Cor			
SUBJECT:	DH 421 W 2 Name of Limi	22 NYC 11C ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
		ehorah Hamut Name of Person	<u></u>
	DI+ 421	W 22 NYC, 11 Firm/Company	<u></u>
	208.83 NE	Address	
	Aventura	FL 3318C City/State and Zip Code Cabbanvi C Imo o be used for future annual report notit	)
•	E-mail address. (t	o be used for future annual report notet	cail. Com
For further information c	oncerning this matter, please ca	ill:	
Deborch	Hamoi i Person	at ( <u>786</u> ) <u>246</u> Area Code Daytime	-6579 Telephone Number
Enclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TH 421 W	22 N	IVC UC	2011 DEC 27	11 1.20
(Name of the Limited Liab	ility Compan	y as it now appears of ability Company)	our records.)	(E
The Articles of Organization for this Limited Liability	Company v	vere filed on <u>O</u>	tober 21, 21	221 and assigned
Florida document number <u>L21000 45</u> :	8024			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liabil	ity company here:		
The new name must be distinguishable and contain the words "L	imited Liabilit	ty Company," the desig	nation "LLC" or the :	abbreviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADL	DRESS)			
				<del></del>
Enter new mailing address, if applicable:				<del></del>
(Mailing address MAY BE A POST OFFICE BOX)				
			<del></del>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		ddress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida	street address	
			, Florida _	
<del></del>	·	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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Splodes, LLC	20883 NE 32°d Avenue	☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Change ☐ Add ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Change
		Aventura, FL 33180	ПRетюче
	•		□Change
AP_	Sarah Warman	20883 NE 32ml Avenue	□Add
		Aventura FL 33180	Remove
			DChange
MGR	Deborah Hamui	20883 NE 32nd Avenue	DAdd
		Aventura, FL 33180	l <b>S</b> Remove
			□Change
			🗆 Add
			□Remove
			[]Change
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are* . *		
an effec <u>ote:</u> It	e date, if other than the date of filing:	
ecord is tiled	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the	he
ated	Dec. 7, 2021 2021	
	Signature of a member or authorized representative of a member	
	Dehorah Hamui Typed or printed name of signee	

Filing Fee: \$25.00



2021 677 27 11 8:11

December 14, 2021

DEBORAH HAMUI 20883 NE 32ND AVENUE AVENTURA, FL 33180

SUBJECT: DH 421 W 22 NYC, LLC

Ref. Number: L21000458024

We have received your document for DH 421 W 22 NYC, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 921A00030048

Anissa Butler Regulatory Specialist II

www.sunbiz.org



November 30, 2021

DEBORAH HAMUI 20883 NE 32ND AVENUE AVENTURA, FL 33180

SUBJECT: DH 421 W 22 NYC, LLC Ref. Number: L21000458024

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Anissa Butler Regulatory Specialist II

Letter Number: 221A00028747

Thank you Please find uttached

1,

the correct document

with the filled-in



FLORIDA DEPARTMENT OF STATE Division of Corporations

2021 770 10 911 12: 74

November 30, 2021

**DEBORAH HAMUI 20883 NE 32ND AVENUE** AVENTURA, FL 33180

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Letter Number: 221A00028747

Thank you

Please find attached

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with the filled-in

information