## 121000 445260

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	_
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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S. PRATHER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	MoD	18 LLC	
30 <b>0</b> 0EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Y;	Sroel Drvin Name of Person	
	MOD 18	L L C Firm/Company	
	1050 Je	Address	
	Hollywood	FL 33019 City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)	<u>M</u>
For further information of	oncerning this matter, please ca	all:	
YSTO Name o	el Or vin	at (305) L190 1856 Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		
3 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahasse	
Tallahassee, l	FL 32314	2415 N. Monroe Street, S	Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		ny as it now appears on our records.) Liability Company)	ASSECTION and assigned 2
			— 兴· · · · ·
Florida document number L21000 485	<u> </u>		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applica	ble:	1050 Jefferson S	<del>}</del>
(Principal office address MUST BE A STREET		Holywood FL, 337	019
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u>	<u>80X)</u>	1050 Jefferran St Hallywood FL, 330	iq
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			<del></del>
New Registered Office Address:	1050	Teffers on St  Enter Florida street address	
	Holly	<u>ယဝ၀ ဝါ</u> , Florida	33019 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
MBR	Orly Ahula	930 NE 176	□Add
		930 NE 176 North Miami Beach FL 3:	3/62
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If an effect		date must be spec	cific and cannot be pr		more than 90 days after	ional) er filing.) Pursuant to 6	
Note: If documen	the date inserted in t's effective date of	n this block doe on the Departme	es not meet the app ent of State's recor	dicable statutory fil ds.	ing requirements, th	is date will not be li	sted as 1
		effective date,	but not an effectiv	e time, at 12:01 a.m	n. on the earlier of: (	b) The 90th day af	ter the
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rd is filed	i.		Yisrael	Drvin-	\(\sigma\)	TALLAHAS	2022 JUL 1
rd is filed	i.		Yisrael	Dryn- uthorized representati		TALLEHA SBEE.	2022 JUL 19 PM 2: 26

Filing Fee: \$25.00