# K21000521760

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### **COVER LETTER**

Div	ision of Corp	oorations						
SUBJECT:		NTIC BLVD LLC						
SUBJECT.		Name of Lim	ited Liability Company					
		•						
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		JOSE N SAAL						
		-	Name of Person					
		MANAGER SERVICES L	LC					
Firn\/Company								
	3137 NE 163rd STREET							
	Address							
		NORTH MIAMI BEACH FL 33160						
	City/State and Zip Code							
		SAAL@TIRPRIME.COM						
		E-mail address: ()	to be used for future annual rep	ort notification)				
For further in	nformation co	oncerning this matter, please ca	ill:					
JOSE SAAL	SAAL 305 999-3327 at ( )							
Name of Person			Area Code	Daytime Telephone Number				
Enclosed is a	a check for th	e following amount:						
□ \$25.00 F	filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of Statu d) Certified Copy (additional copy is encl				

### **Mailing Address:**

TO:

**Registration Section** 

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

S&B ATLANTIC BLVD LLC
(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited)	A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L21000521760	bility Company were filed on 12/10/2021	and assig
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applica	ble:	<del></del>
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		enter the pame of the new 1
Name of New Registered Agent:		A TO
New Registered Office Address:	Enter Florida street	
		_, Florida
	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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 bei or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
AMBR	SUNNY ATLANTIC LLC	3137 NE 163rd ST. NORTH MIA	AMI BEACH, FL 331 <b>6</b> 0 
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AMBR	TIR DEVELOPMENTS LLC	3137 NE 163rd ST. NORTH MIA	[ ] 4 1 1
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	specifies a delay d.	zed effective dat	ie, but not a	in effective	time, at 12:0	)1 a.m. on the	e earlier of: (I	o) The 90th	day a
record l is filed									