

122000 000 059

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
2022 JAN 25 PM 3:18

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COVER LETTER

TO: Registration Section
Division of Corporations

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SUBJECT: 1201 OLD HIATUS, LLC
Name of Limited Liability Company

2022 JAN 25 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Max Introini
Name of Person

1201 Old Hiatus, LLC
Firm/Company

11301 NW 12th St.
Address

Plantation, FL 33323
City/State and Zip Code

imax13@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Max Introini at 954 347-8729
Name of Person Area Code Daytime Telephone Number

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2022 JAN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FL

Enclosed is a check for the 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**

1201 Old Bluffs, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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2022 JAN 25 PM 3:18
SECRETARY OF STATE
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on 12/21/2021 and assigned
Florida document number L22000000059

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:

(Principal office address MUST BE A STREET ADDRESS)

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:

Enter Florida street address

_____, 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 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>
MGR	Michelle Intrini	11301 nw 12 th St	☐ Add
		Plantation, FL 33323	☒ Remove
			☐ Change
MGR	Max A Intrini	11301 nw 12 th St.	☒ Add
		Plantation, FL 33323	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

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Effective date, if other than the date of filing. _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1-21-22

Michelle Lacroix

Signature of a member or authorized representative of a member

Michelle Tntcoian

Typed or printed name of signee

Filing Fee: \$25.00