

L22000023145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

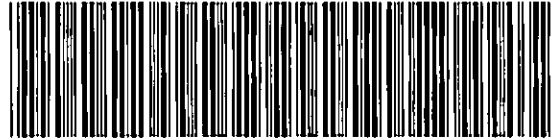
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JAN 31 AM 10:18 JAN 31 PM 4:15

FILED

O SIMMONS  
FEB 01 2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: I20210000160    AMOUNT:    Check attached**

**AUTHORIZATION SIGNATURE:** \_\_\_\_\_

1577 Bay Road 207 Associates LLC

**Business Name**

**Document Number, (if known):**

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ **Certified Copy of Articles of Organization**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

X Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ **Dissolution/Withdrawal**

\_\_\_ Merger

\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
                    **Country**

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Statement of Revocation of Dissolution

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1577 BAY ROAD 207 ASSOCIATES LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Robert Elias, Esq.

Name of Person

The Elias Law Firm, PLLC

Firm/Company

15500 New Barn Road, Suite 104

Address

Miami Lakes, FL 33014

City/State and Zip Code

avillate@eliaslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Genden, Esq.

at (305) 403-0052

Name of Person

Area Code

Daytime Telephone Number

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**

**FILED**

2022 JAN 31 AM 10:18

1577 BAY ROAD 207 ASSOCIATES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

CLERK OF THE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on January 10, 2022 and assigned  
Florida document number L22000023145.

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)**

1521 Alton Road, #484

Miami Beach, Florida 33139

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1521 Alton Road, #484

Miami Beach, Florida 33139

**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 Elias

New Registered Office Address:

15500 New Barn Road, Suite 104

*Enter Florida street address*

Miami Lakes

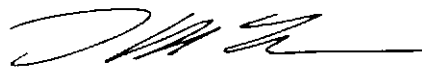
*City*

Florida 33014

*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>
AMBR	JILLIENE HELMAN	11833 DARLINGTON AVENUE, APT. 402	<input type="checkbox"/> Add
		LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JILLIENE HELMAN	1521 Alton Road, #484	<input checked="" type="checkbox"/> Add
		Miami Beach, Florida 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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If the record 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 record is filed.

January 27th, 2022



Signature of a member or authorized representative of a member

JILLIENE HELMAN

Typed or printed name of signer

**Filing Fee: \$25.00**