L22000028052

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		

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

Please use funds from this account: 1292	10000160 AMOUNT: _55.00
Authorization Signature:	
PINES VILLAGE LLC L2200002	8052
BUSINESS NAME Docur	ment #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_XCertified Copy of Articles of Incor	poration
C ASS A SSA	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	X Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dsssolution/Withdrawal
Other CORP	Merger Conversion
CORP	Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
Pictitious Name	Remstatement
APOSTILLE() Country:	Other
EXAMINER'S INITIALS:	

COVER LETTER

Div	ision of Corpo	rations			
SUBJECT:	Pines Village				
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
		ence concerning this matter			
		Mordechai Dalfin			
			Name of Person		
		Midfield Investments LLC	C		
			Firm/Company		
		722 Dulaney Valley Rd.,	Suite 199		
			Address		· · · · · · · · · · · · · · · · · · ·
		Towson, MD 21204			
			City/State and Zip Code		
		closings@midfieldenterp	rises.com to be used for future annual	cannot notification)	
	0			report nonneation)	
For further in	ntormation con	cerning this matter, please ca	all:		
Katie Heato	on		410 72 at ()	4-1361	
	Name of P	erson	Area Code	Daytime Telepho	one Number
Enclosed is a	a check for the	following amount:			
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u> Ma</u>	iling Address:		Street Ac	ddress:	

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

TO:

Registration Section

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**

Pines Village LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000028052	y were filed on January 25, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)		77 77
	 	70
		7/5/5/5 P M
Enter new mailing address, if applicable:		MA I
(Mailing address MAY BE A POST OFFICE BOX)		F 6 0
		· 🖺 😉
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	Zip Code
Non-Boston and Association 15 to 1 Boston 15	City 	лір Соде
New Registered Agent's Signature, if changing Registered Agent	<u>::</u>	

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>	Address	Type of Action
MGR	Mordechai Dalfin	722 Dulaney Valley Rd.	■Add
		Suite 199	□Remove
		Towson, MD 2124	□Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change

. ,	: ·	
. If amending any other informa	tion, enter change(s) here: (Attach additional sheets, if necessary	v.)
		
		_
		
		
		
The control of the co	date of filing:	.) Pursuant to 605.0207 (3
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The	ne 90th day after the
Dated April 11	2022	
	AHZ	
	Signature of a member or authorized representative of a member	

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