

122000038901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

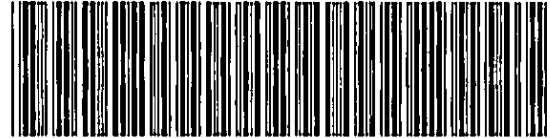
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 MAY 13 PM 3:23

T. MATTHEWS

MAY 26 2022



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAY 13 AM 7:55

SEMI-ANNUAL REPORT
TALLAHASSEE, FLORIDA

April 26, 2022

GARY M. BROIDIS
89 S.E. 6TH AVENUE, STE. 2
DELRAY BEACH, FL 33483

SUBJECT: 109 5TH, LLC.
Ref. Number: L22000038901

We have received your document for 109 5TH, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews
OPS

Letter Number: 922A00009696

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

109 5TH, 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:

Gary Broidis

Name of Person

109 5TH, LLC.

Firm/Company

98 SE 6TH Avenue, Ste. 2

Address

Delray Beach, FL 33483

City/State and Zip Code

gary@atlanticcg.com

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

For further information concerning this matter, please call:

Gary Broidis

Name of Person

at (561)

Area Code

703-9298

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

(already paid)

☐ \$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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

109 5TH, LLC

22 MAY 13 PM 3:23

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

The Articles of Organization for this Limited Liability Company were filed on 4/7/22 and assigned
Florida document number L22000038901

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

City

Florida

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

[illegible]

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

4/7/22

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.

May 10
5/10/22, 2022

Signature of a member of authorized representative of a member

GARY BRIDIS

Typed or printed name of signer

Filing Fee: \$25.00