L22000057647

(Requestor's Name)
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COVER LETTER

Tallahassee, FL 32314

TO; Registration So Division of Co					
2612 NE 3 SUBJECT:	2612 NE 3RD STREET, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	MARISSA CAKMAKCI				
		Name of Person		-	
	MLJ TAX & ACCOUNTI	NG, INC.			
	829 BAILEY STREET			32.0 25.05 32.0 25.05	
		Address		Ž. 1	
	BOCA RATON, FL 3349	₹7		9	
	MARISSA@MLJTAXPRE	City/State and Zip Code			
		to be used for future annual report notif	lication)		
For further information c	concerning this matter, please c	·			
JOHN LYTLE		954 254-8160 at()			
Name c	of Person		e Telephone Number	 	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address		Street Address: Registration Sec	rtion		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2612 NE 3RD STREET, LLC (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 NOVEMBER 17, 2022 and assigned Florida document number <u>L22000057647</u> 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 "LAC" or the abbreviation "LAC." 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) زب 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

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>	Address	Type of Action
AMBR	MICHAEL LYTLE	386 DEER CREEK RUN	= Add
		DEERFIELD BEACH, FL 33442	Remove
			□Change
			🗆 Add
			□Remove
			☐Change
			□Remove
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ctive date, if other than the date of filing:			(optional)	
effective date is listed, the date must be specific and ca e: If the date inserted in this block does not med					
ument's effective date on the Department of Sta	te's records.	munuty min	g requirement.	. Time and	in the time.
ford specifies a delayed effective date, but not an filed.	reffective time,	at 12:01 a.m.	on the earlier o	of: (b) The 90t	ı day after
ed NOVEMBER 17	2022 .				
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/ ₁ // //					
Signature of a me	mber or authorize	d representative	of a member		

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Filing Fee: \$25.00