L22000 101480

(R	equestor's Name)
(A	ddress)
(A)	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE JUN - 7 2022

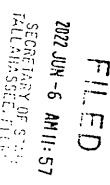
Office Use Only



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06/06/22--01028--004 ++25.00

SECTIVED SECTION



<u>(850) 224-8870</u> • "- ا <u>دور</u>	00-342-8062 • Fa:	x (850) 222-1222	
1021 LLC	·····		
		}	
			Art of Inc. File
		1	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		ļ	Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
		1	Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature		:	Vehicle Search
<u></u>	- -		Driving Record
Requested by: SETH	0.7.10.7		UCC 1 or 3 File
	_ 06/06		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval

Will Pick Up

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

COVER LETTER

TO: Registration of Division of	on Section Corporations
SUBJECT: 1021 1	LLC
OVINCE:	Name of Limited Liability Company
	es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following:
	MONICA TIRADO
	Name of Person
	TIRADO-LUCIANO & TIRADO, P.A.
	Firm/Company
	2655 LE JEUNE ROAD, SUITE 1109
	Address
	CORAL GABLES, FL 33134
	City/State and Zip Code
	MT@TLTIRADO.COM
	E-mail address: (to be used for future annual report notification)
For further informati	on concerning this matter, please call:
MONICA TIRADO	305 390-2320 at ()
Na	me of Person Area Code Daytime Telephone Number
Enclosed is a check t	for the following amount:
■ \$25.00 Filing Fe	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1021 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 $\frac{03/11/2022}{1}$ Florida document number 1.22000101480 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 "LLC." 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 BON) 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

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	IRADI RADIABI-RAHAT	20 PINE STREET, PH12	□ Add
		NEW YORK, NY 10005	■ Remove
			□ Change
AMBR	MEHRI AHR	20 PINE STREET, PH12	Add
		NEW YORK, NY 10005	■ Remove
			Change
AMBR	IRADJ RADJABI-RAHAT	20 PINE STREET, PH12	≅ Add
		NEW YORK, NY 10005	☐ Remove
			☐ Change
AMBR	MEHRI AJIR	20 PINE STREET, PH12	≅ Add
		NEW YORK, NY 10005	□ Remove
			Change
			D Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

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lf an cf <u>Note:</u>	ive date, if other than the date of filing: cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listerent's effective date on the Department of State's records.
ne re The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
Dated	June 6 2022

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00