

4/6/22, 3:55 PM

Division of Corporations

L22000125960559

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H22000125960 3)))



H220001259603ABC.

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To:

Division of Corporations  
Fax Number : (850)617-6383

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Account Name : ALLSTATE CORPORATE SERVICES CORP  
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Phone : (800)906-9220  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
2621/2623 SECOND ST LLC**

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2022 MAR - 6 PM 1:59

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2022 APR - 6 PM 4:25

APR - 8 2022

T. LEMIEUX

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H22000125960 3)))

2621/2623 SECOND ST 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 03/01/2022 and assigned  
Florida document number L22000106559.

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

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 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 39

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	STACEY CARACOLA	70 CENTERPORT RD	<input checked="" type="checkbox"/> Add
		GREENLAWN, NY 11740	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JOHN FERRARA	31 TRENTON AVE	<input type="checkbox"/> Add
		E ATLANTIC BEACH, NY 11561	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NICOLE T SUGRUE	31 TRENTON AVE	<input type="checkbox"/> Add
		E ATLANTIC BEACH, NY 1156	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JON CARACOLA	70 CENTERPORT RD	<input type="checkbox"/> Add
		GREENLAWN, NY 11740	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

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