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(Address)

(City/State/Zip/Phone #)

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2022 JUN 21 PM 2:14  
SECRETARY OF STATE  
TALLAHASSEE, FL  
**FILED**

# COVER LETTER

TO: Registration Section  
Division of Corporations

19045 NW 2ND AVE LLC

SUBJECT: \_\_\_\_\_  
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:

RAYMOND DIROCCO

\_\_\_\_\_  
Name of Person

19045 NW 2ND AVE LLC

\_\_\_\_\_  
Firm/Company

7800 W OAKLAND PARK BLVD C-306

\_\_\_\_\_  
Address

SUNRISE FL 33351

\_\_\_\_\_  
City/State and Zip Code

VERNAM@DIROCCOCPA.COM

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

For further information concerning this matter, please call:

RAYMOND DIROCCO

954

358-4272

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$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

2022 JUN 21 PM 2: 14

19045 NW 2ND AVE LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 22, 2022 and assigned  
Florida document number L22000141781.

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:

1612 NW 84TH AVE

*(Principal office address MUST BE A STREET ADDRESS)*

DORAL FL 33126-1032

Enter new mailing address, if applicable:

1612 NW 84TH AVE

*(Mailing address MAY BE A POST OFFICE BOX)*

DORAL FL 33126-1032

**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*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAYMOND DIROCCO	7800 W OAKLAND PARK BLVD C-306	<input type="checkbox"/> Add
		SUNRISE FL 33351	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANGGELO TOSCAN	1612 NW 84TH AVE	<input checked="" type="checkbox"/> Add
		DORAL FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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