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(Re	equestor's Name)	
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u (Cit	ty/State/Zip/Phone #)
PICK-UP		MAIL
(Bu	siness Entity Name	1
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2022

BASSAM ISKANDAR 7024 ANDALUSIA AVE JACKSONVILLE, FL 32217 US

SUBJECT: 41 W 22ND 32206 LLC

Ref. Number: L22000144962

AUG 2 2 2022

Letter Number: 522A00018190

We have received your document for 41 W 22ND 32206 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		RECEIVED				
SUBJECT:	41	W	22ND Name of Limited	32206 Liability Company	LGGPJUN -2 SECHETALIF TALLAMA	GI STATE
The enclosed Article	s of Ameno	dment and	I fee(s) are submitt	ed for filing.		
Please return all corr	espondence	e concerni	ing this matter to th	ne following:		
	-)QS= B!	sam lo	Skand (Name of Person Lorida Firm/Company	llc	
	_	70;	24 And	lalusia I	Are	
	<u>-</u>	<u> 20C</u>	CONUT Can is karning to be	le FL ity/State and Zip Code Gmail. C used for future annual r	SZZA7	
For further information	on concern	ing this m	atter, please call:			
130280m	ne of Persor	and	lor	at (<u>ZDZ</u>) <u>9</u> Area Code	47_0SS6 Daytime Telephone S	Number
Enclosed is a check f		wing ame	ount:			
zs25.00 Filing For Check alre Sent with	bien.	30.00 Fill Certificat	ing Fee & C te of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Add	dress:			Street Ad	dress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

41 W 22Ni	37706 LL2002AUG 22 PH 1:08
(Name of the Limited Liability	Company as it now appears on our records. (RY OF Limited Liability Company)
(A Florida I	TALL AHASSET, T.
The Articles of Organization for this Limited Liability Co	mpany were filed on 3/24/2022 and assigned
Florida document number <u>L 22 000 44</u>	962
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
R. If amonding the project and a section 1/	
o. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
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 A	Agent:

i

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>	Type of Action
AMBR	Bassan Iskandar	7024 Andalusia Ave 32213	1 DAdd
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F Effecti	ve date, if other than the	data of file-			
== (If an effe	ective date is listed, the date mus	t be specific and cannot be n	rior to date of filing or more	(optional) than 90 days after filing.) Pursuant	LIO 605 0207 /
1.0tc.	in the date meetich in fill? Of	ock does not meet the api	olicable statutory filmo r	equirements, this date will not	be listed as the
uocume	ent's effective date on the Do	epartment of State's reco	rds.		
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