122000/46213

(Reque	stor's Name)	
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04/15/22--01011--002 **25.00

22 APR 15 PH ID: 19

T. MATTHEWS MAY 18 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 150 CENTRAL LLC 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:
Wilson D. Ayaus III
AYALA LAWFIRM PULC
P. O. Box 320463 Address
TAMPA FL 33679 City/State and Zip Code
E-mail address: (10 be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (S13) 416 - 6060 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
ZÍ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

TO
ARTICLES OF ORGANIZATION SECRETARY OF STATE
OF ORGANIZATION SECRETARY OF STATE
OF CORPORATIONS

22 APR 15 PH 10: 20

1150 CENTRAL LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
3/4/2
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document number L22000146213
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
, 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>	Name	Address	Type of Action
MGR	SAND KEY MAHAYER	CHT ILLC	⊡Add
	j	Address WE ILL P.O. Box 10153	□ Remove
		TAMPA. 6 33679	□Change
Mon	MEGR JEFFREN CRAFT	P.O. Box 10153	
MESR JEFFREN CRAFT	TAMPS, TL 33679	⊠Remove	
			□ Change
			□Add
			□Remove
			□ Add
			⊡Remove
			⊡Change
			□Add
		□Remove	
			□Change
			□Add
			□ Remove
		•	□ Change

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n effecti i te: -lf i	date, if other than the date of filing:
is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	4/12/2022
	Signature of a member or aethorized representative of a member
	WILSON O. ALALA ITT
	Typed or printed name of signee

Filing Fee: \$25.00