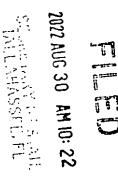
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((Requestor's Name)
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((Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
	(Document Number)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<u>-</u>		
1150 SESAME LLO	C	
		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		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
		Driving Record
Requested by: SETH		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 1! Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

eun iczy.			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL ABADI-BALI	D	
		Name of Person	
		Firm/Company	
	1160 KANE CONCOURS	SE, SUITE 301	
		Address	
	BAY HARBOR ISLAND	S, FL 33154	
		City/State and Zip Code	
	MICHAEL.ABADI@TRIP		
	E-mail address: (to be used for future annual report notif	lication)
For further information c	oncerning this matter, please c	all:	
		at ()	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration Sec	ation
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

2022 AUG 30 AM 10: 22

1150 SESAME LLC (Name of the Limited Liability Company as it now appears on our records) (A Florida Limited Liability Company)

[A Florida Limited Liability Company] The Articles of Organization for this Limited Liability Company were filed on $\frac{4/21/2022}{1}$ and assigned Florida document number 1.22000167012 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 1958 NMB LLC 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 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

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
-			
			□Remove
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ective date, if other than the a effective date is listed, the date mute: If the date inserted in this beament's effective date on the fi	st be specific and cannot be prior to date of filing o lock does not meet the applicable statutory fi	(optional) r more than 90 days after filing.) Pursuant to 60: ling requirements, this date will not be list	5.020 ted a
record specifies a delaye he 90th day after the rec	d effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earli	er (
ed August 30	. 2022		
	Michael Abadi Signature of a member or authorized representat	ive of a member	

Page 3 of 3

Filing Fee: \$25.00